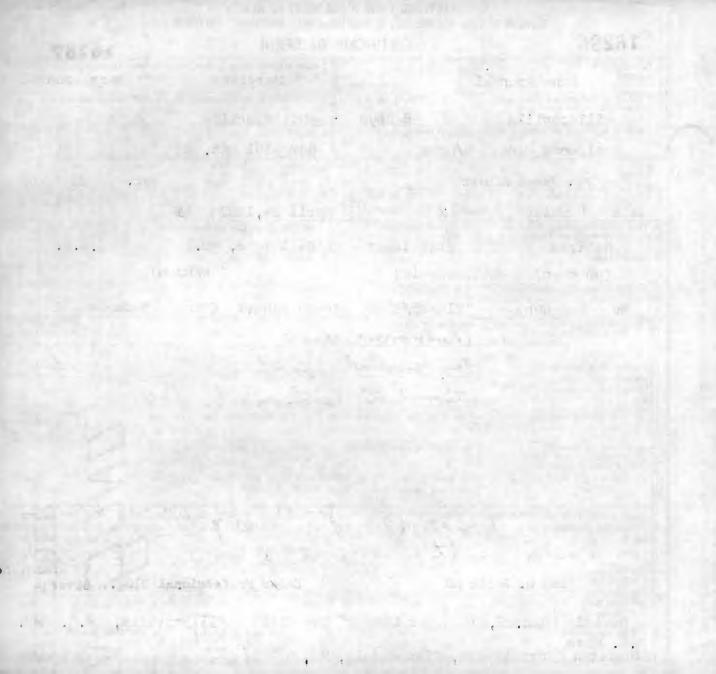
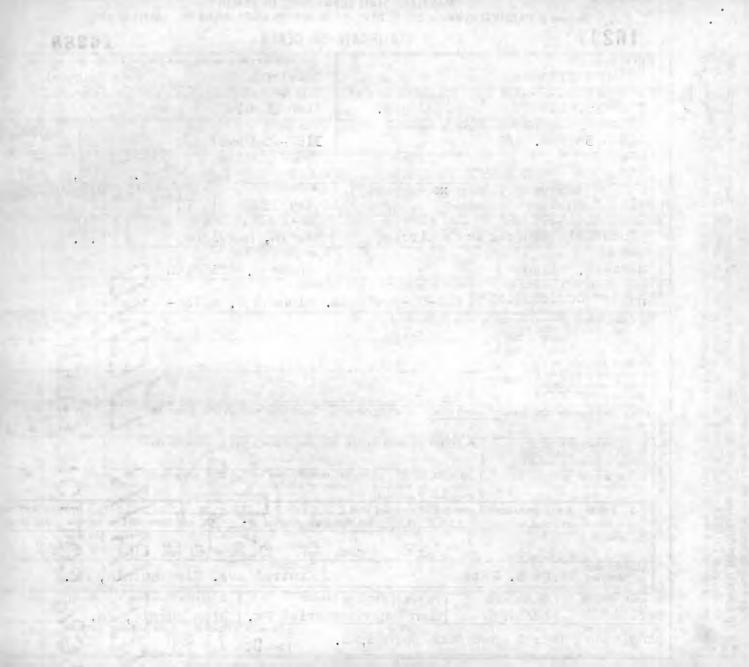
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16296 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY 6. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Millersville Millersville 8 Davs d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) .= d. STREET ADDRESS e IS RESIDENCE ON A FARMS filled Knollwood Manor N/Home BOW #151 NO YES NAME OF Middle DATE Lost Day Year remove carbon DECEASED 19 67 22 (Type or print) Mr. James Albert DEATH Dec. and in ony event, IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED hirthday) Manths Dovs Hours April 24,1882 White WIDOWED X DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY .S.A. Baltimore, Md. Retired Bricklaver 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or remayal, (unknown) (unknown) Portaskiewicz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 216/05/6510 Steven Albert (Son) Same As 18. CAUSE OF DEATH (Enter only one couse per line tox (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit p PART 1. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) the hospital or attending physicion. DUE TO Conditions, if any, which gave rise ta immediate cause (a), **DUE TO** stating the underlying couse the State Dept. of Health prior to last. OS WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X certificate و 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour 'o.m. factory, street, affice bldg., etc.) Not While at wark **DIRECTOR:** After) re 22 196 / that (1) (we) last 21. 1 certify that (I) (this hospital) attended the deceased from 19 64 to Page 4 may be retained director, page 3 should should be filed with the 1967, and that death occurred of 30 0 M, from causes and an the date stated above. saw the deceased alive an 220. SIGNATURE DATE SIGNED STAFF PHYS. ac. M.D. DIRECTOR Park, 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) Hahan Professional Bldg., Severna Ray M. Smith MD 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stole) REMOVAL (Specify)
Burial Millersville. 0 Dec. 26.67 Dur Ladv of the Field Md 25b. REGISTRAR'S SIGNATURE REGISTRAR 24. FUNERAL DIRECTOR R.P. Ware Funeral Home, Glan Burnie, Md.



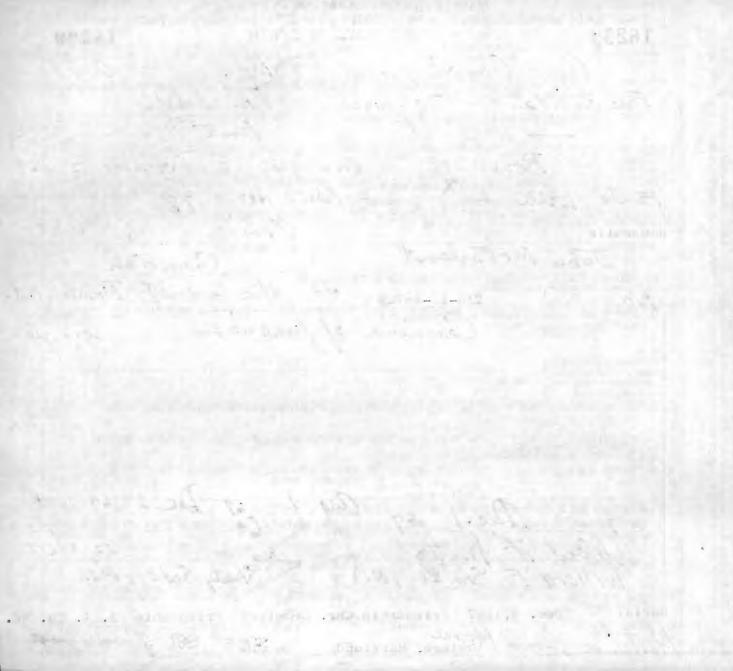
· . I	MARYLAND STATE D Division of STATISTICAL RESEARCH AND RECORDS, 30	EPARTMENT OF HEALTH DI W. PRESTON STREET, BALTIMORE, M	ARYLAND 21201
	16297 CERTIFICAT	E OF DEATH	16288
	1. PLACE OF DEATH o. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if it is a second lived, if i	Anne Arundel
	b. CITY OR TOWN (If outside corporate limits, C: LENGTH OF STAY IN 16 30 yrs.	c. CITY OR TOWN (If outside corporate limits, wr	ite RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) 316 - 🕬 AVE. S/E	d. STREET ADDRESS B16 - 5th Ave/ S/E	e. IS residence on a farm? yes \ no
	3. NAME OF First Middle DECEASED (Type or print) CLARENCE OSMAN	DERM	Month Doy Year
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED		loy) Months Doys Hours Min.
ľ	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during model to he work done 10b. KIND OF BUSINESS OR Park Circle	11. BIRTHPLACE (County & Stote, or foreign country Severn, Maryland	12. CITIZEN OF WHAT COUNTRY?
L	13. FATHER'S NAME Henry E. Allen	14. MOTHER'S MAIDEN NAME Annie C. Griffith	
	(Vec no printegues) (If we give ween dates of service)	INFORMANT Cs. Blanche M. Allen-	Address Uife
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove note to immediate cause (a), stating the underlying cause lost. (c)	Atheroschistic He	ONSET AND DEATH (a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTING CONTRIB		PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter noture of injury in Port 1 or Port II of item	IB.)
	Hour o.m. 19 While Not While of work of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	wn) (County) (Stote)
	21. I certify that (I) (this hospital) attended the deceased fram_saw the deceased alive an	at death accurred at 542 M, fram ca	22b. DATE SIGNED /
	22c. PHYSICIANS NAME (Type) Wayne B. Tate	22d, ADDRESS	D / / 9/17 Burnie, Md.
Ī	230. BURIAL (REMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OF LEMETERY OF		or Town) (County) (State)
	24. FUNERAL ORECTOR Singleton Funeral Home/Glen Burnie, Mc	2So. REC'D BY REGISTRAR DATE DEC 1 1 1967	Sb. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 16298 CERTIFICATE OF DEATH 16289 that the death certificate be executed within 24 hours after death deb 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) the funeral 1 PLACE OF DEATH o. COUNTY b. COUNTY Anne Arundel Maryland Anne Arundel MARY! AND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 1h RURAL - Annapolis Annapolis 10 days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled in by 10 days d STREET ADDRESS ON A FARM? Anne Arundel General Hospital Rt-5. Box-181 YES NO 3. NAME OF pou Middle 4. DATE Last Month -Day Year DECEASED 19 67 OF DEATH ANDERSON December 20 (Type or print) Homer COL 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED гетал Alast birthday) Months Hours Jan. 25, 1886 and in any WIDOWED XX Male White DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRYS Delaware Esule 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, attending phy permit. Then WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service buriol, crematian, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INPERVAL BETWEE signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause d far use as the of Health priar ta has been last. WAS AUTOPS) PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES TYTE NO by the haspital or TO FUNERAL DIRECTOR: After this certificate PHYSICIAN: 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (County) (State) Hour o.m. factory, street, office bldg, etc.) Not While TO HOSPITAL OR ATTENDING Page 4 may be retained by the 21. I certify that (1) (this chooping) attended the deceased from_ . 19 ta Dec. 20 , 19 67, that (1) 396) last saw the deceased alive an Dec. 20 1967 , and that death accurred of M, from causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS PHYS. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, DATE THEREOF 23d. AOCATION (City or Town) (State) REMOVAL (Specify) 24 EUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4)

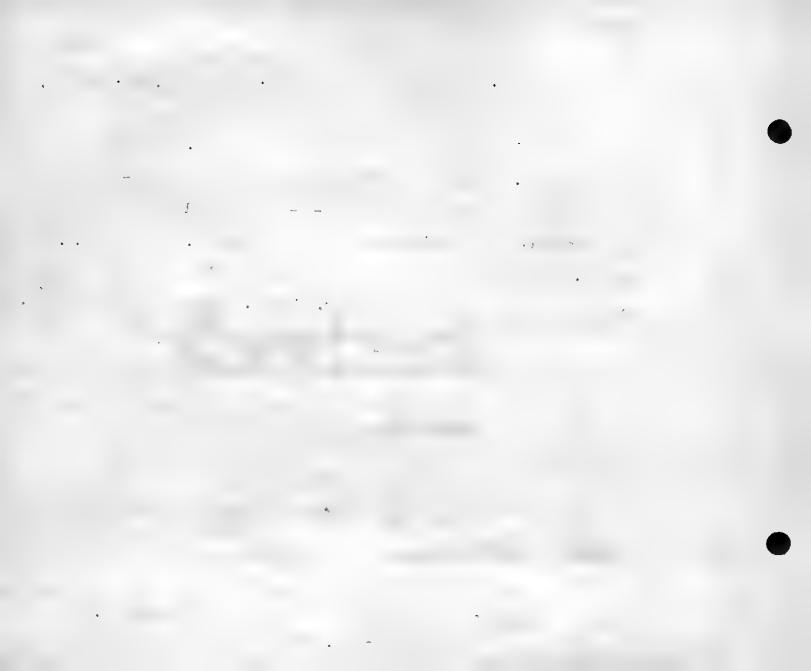
CONTRACTOR OF THE PROPERTY OF THE PARTY OF T AND THE STATE OF STREET Action And Designer Land of the Annual Control of the Annual Contr District And the control of the cont Commence of the second 10 Or .m. The State of the S 76.19.15 the same of the sa

1-1-	MARYLAND STATE DEPARTMENT OF HEALTH	
O (M)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI 16299 CERTIFICATE OF DEATH	
death.	1. PLACE OF DEATH	290
hours after death in by the funeral far Peges 1 and 2 hours after death	a. COUNTY Chine Chrendel MARYLAND a. STATE Md. b. COUNTY Q.	deine perore agaission)
In Part Part Part Part Part Part Part Part	b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 30 Gears	nd give nearest town)
7 De 1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Coale 778	e. IS RESIDENCE DN A FARM?
within sletely arbon to within t, within	3. NAME OF DECEASED (Type or print) Bess Middle Grm 1 ger 4. DATE Month OF DECEMBER	Oay Year 2 1967
executed within and completely remove carbon in any event, with	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IFUNDER 1 last bligthday) Months F	19 - 1
be exe bian an ise ren id in ar	10s. USUAL OCCUPATION (Give kind of workdone) 10b. KIND DF BUSINESS DR during most of working life, even if retired) 10b. KIND DF BUSINESS DR line in the life in the line in	IZEN OF WHAT
aw requires that the death certificate be executed within 2 trending physician. has been signed by the attending physician and completely fit as the burial-transit permit. Then please remove carbon paprior to burial, cremation, or removal, and in any event, within	13. FATHER'S NAME 14. MC Farland 14. MOTHER'S MAIDEN NAME	U.G. V.
h certi tendiny if. Th	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. Address	+1 11
deat he at perm ion,	700	15tol, Ned.
the n. by th msit rema	18. CAUSE DF DEATH [Enter only one cause per HTTE for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a) Archoma of Danchell	INTERVAL BETWEEN ONSET AND DEATH
that sicia gned al-tra	157 X IMMEDIATE CAUSÉ (a) CAR CINOMIC OF JUNE TO	one year
uires g phy g phy in si buri	Conditions, If any, which gave rise to immediate (b)	
nding nding bee	cause (a), stating the DUE TO underlying cause last,	
N: The law rate or atter that filtcate has for use as Health pri		19. WAS AUTOPSY PERFORMED?
ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transif permit. Then please with the State Dept. of Health prior to burial, cremation, or removal, and it	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIOENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	YES ND Z,
TO HOSPITAL OR ATTENDING PHYSICIAN PAGE 4 may be retained by the hospit of FUNERAL DIRECTOR: After this certi director, page 3 should be detached is should be filed with the State Dept. of	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, left) 20f. (City or town) (Count factory, street, office bidg., etc.)	ty) (State)
DING ed by After Id be e Stat	21. I certify that (I) (this hoppital) attended the deceased from fixing. 1967, to the 2, 1967	that (I) (we) last
OR ATTENDI De retained INECTOR: A INECTOR: A Should	saw the deceased alive on 1967, and that death occurred at 4 M, from the causes and on the	
OR A DIRECT	228. SIGNATURE ATTENDING MED. STAFF 22b. DAT M.D. PHYS. DIRECTOR PHYS. /2	Z/6/7
TO HOSPITAL Page 4 may O FUNERAL I director, page should be fill	22c. PHYSICIAN'S NAME (Type) and F. Smith, MI) 22d. ADDRESS Shady Side, Ma	1.
Page Page of FU	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or coun	ty) (State)
	Burial Dec. 4,1967 Friendship Chr. Cemetery Friendship A. 24, EUNERAL DIRECTOR ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S	A. Co. Md.
VR A15 (4)	Hutchins Funeral Homes, Maryland DATE DEC 5 1967 Client	
13M 4-04 M		



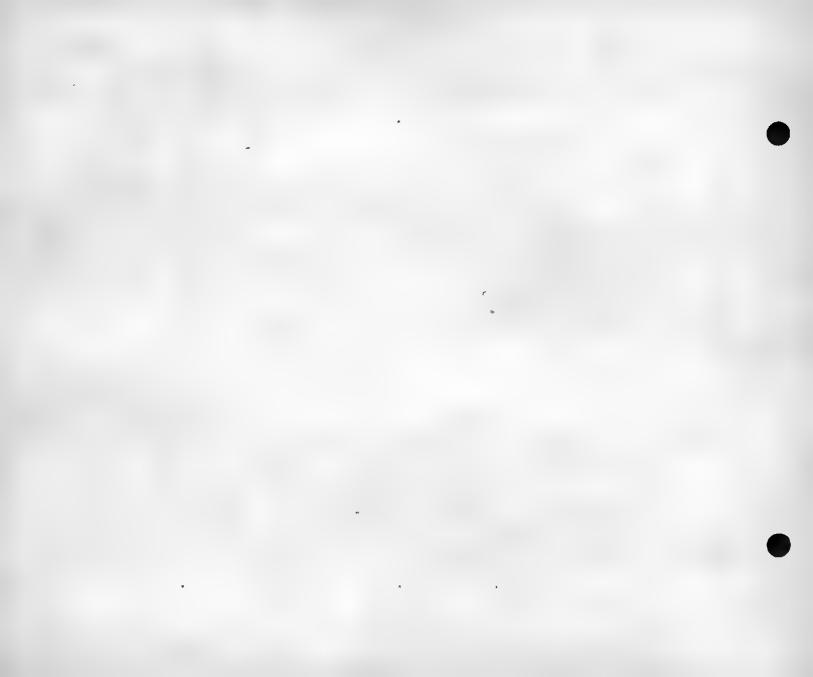
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16300 CERTIFICATE OF DEATH funeral 1 and 2 er death The law requires that the death certificate be executed within 24 hours after death). PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel MARYLAND Maryland Anne Arundel b. CITY OR TOWN (If outside carporate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 write RURAL and give nearest town)
Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? campletely filled within 7 Anne Arundel General Hospital 132 Archwood Avenue YES NO I carbon 3. NAME OF 4. DATE Month Doy Year DECEASED Walter ASCHE and in any event, (Type or print) Herman December 67 19 DEATH 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED remove birthdoy Doys Hours May 30, 1899 Male White WIDOWED DIVORCED pup 10a. USUAL OCCUPATION (Give kind of work dane 106. KIND OF BUSINESS OR 45 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) COUNTRY? ENDUSTRIVEER GOUNT Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, signed by the attending phy burial-transit permit. Then burial, cremation, ar remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI (Yes, no, or unknown) (If yes give war or dates of service BETH M. ASCHE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per interior (g).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE attending physician. Conditions, if ony, which gove rise to immediate couse (o). DUF TO has been see as the the prior to the stating the underlying couse Helenocarcinoma PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Health NO by the haspital ar certificate ATTENDING PHYSICIAN: 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1) of item 18.) Dept. of h OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory areet, office bldg., etc.) Not While of work at wark 21. 1 certify that (1) (this haspital) attended the deceased fram. be retained TO FUNERAL DIRECTOR: saw the deceased alive an 16 196 , and they death occurred at fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED director, page 3 M.D. PHYS DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 1407 Forest Drive, Annapolis, Md. ETER F. VERKOUD m. O 230. BURIAL CREMATION LOCATION (City or Town) (State) (County) LEM. FUNERAL DIRECTOR REGISTRAR'S SIGNATUR VR A15 (4) 25M 1/67

16500 19291 Total on the St. 12: Total Council Cou Tellour State Tellour K of ceal action of the sales of the English Title In Section _DA 3 60 2 . 1 CLINBETH PLANTENE DATE HOLDEN - WAS A STATE OF THE PARTY OF TH a continuous control seems that the control of the When the state of the second s



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16302 CERTIFICATE OF DEATH 16294 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY a. STATE **b.** COUNTY and in any event, within 72 hours after Anne Arundel MARYLAND Maryland Anne Amundel b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Annapolis E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Churchton The law requires that the death certificate be executed within 24 has d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) ,Ξ papers d. STREET ADDRESS IS RES DENC ON A FARM Anne Arundel General Hospital Box-36 NO D 3. NAME OF remove carbon Middle DATE 1051 Year DECEASED William AYERS 1967 December (Type or print) DEATH 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED XX **NEVER MARRIED** Months birthday) Hours Male White WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR (County & State, or foreign country) 12 CITIZEN OF WHAT please during mast of working life, even if retired) COUNTRY? 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremation, or removal. 17_ INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates at spice) 18. CAUSE OF DEATH (Enter any one cause per line for to),
PART 1 DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a signed by Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO for use as the t stating the underlying cause this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? YES NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B) 2Do ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) 2Dc TIME OF INJURY Month, Day, Year (County) (Stote) Hour a.m. factary, street, affice bldg . etc.) Nat While at work 21. I certify that (I) (this haspital) attended the deceased from and that death accurred at/22 saw the deceased alive an PM, fram causes and an the date stated above. TO FUNERAL DIRECTOR: 22a. SIGNATURE DATE # GNED STAFF M.D. DIRECTOR director, page should be filed 22d 22c PHYSICIAN S NAME (Type) Shedy Side, Md. Willard F. Smith. M.D. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REC'D BY REGISTRAR **FUNERAL DIRECTOR** 2Sh VR A15 (4) 25M 1/67



	MARYLAND STATE DEPARTMENT OF HEALTH 16303 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2 Item 4 Film 6396 1/12/68 kk CEPTIFICATE OF DEATH	?1201
	Item 4 Film G396 1/12/68 kk CERTIFICATE OF DEATH	6295
offer death	1. PLACE OF DEATH COUNTYANNE Arundel MARYEAND 2. USUAL RESIDENCE (Where deceosed lived if institution: Residution on STATE Maryland b COUNTY And	dence before odmission) Anne Arundel
by the Rage	b CITY OR TOWN (If outside corporate limits, write RURAL and swith RURAL and s	1
in 24 h iilled in popers hin 72 l	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 214 Ditty Court 214 Ditty Court	e is residence on a farm? yes \(\square\) no \(\square\)
ecuted within 24 completely filled ove corbon pappy y event, within 7	3 NAME OF First Middle Lost 1,4. DATE Month OF DECEASED (Type or print) Annette M. Barnwell DEATH Occumber	Doy Year 29 19 67
ate be executed withician ond completely feose remove corbon ond in ony event, with	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years lost birthdoy) Months	
ate be (cian one leose re	during most of working life, even if retired) INDUSTRY Housewife Dwn Home Maryland	COUNTRY? U.S.A
certific g physi Then p moval,	13 FATHER'S NAME LUTHER ROHIDAUDH LICKHOWN AND SECRETARID EVER THUS ARMED SPREEZE LIS SOCIAL SECURITY NO. 17 INFORMANT Address	Salle as
death offendin ermit.	(Yes, no, or unknown) (If yes give wor or dates of service) No None 213-20-7196 Mr. Henry J. Barnwell (husb:	and) # 2
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours be retained by the hospital or ottending physician. DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the 3 should be defached for use as the burial-transit permit. Then please remove corban papers—Refed with the State Dept. of Health prior to burial, cremation, arremoval, and in any event, within 74 hours	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (b), storting the underlying couse (c) [b] DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH
AL OR ATTENDING PHYSICIAN: The low re y be retained by the hospitol or ottending L DIRECTOR: After this certificate has been age 3 should be detached for use as the filed with the State Dept. of Health prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
VSICIAN ospitol certifica hed for bt. of He	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
NG PH' y the h rer this e detac	Hour a.m. Hour a.m. Pm. 19 of work of work foctory, street, affice bldg., etc.)	(County) (Stote)
TO HOSPITAL OR ATTENDING Poge 4 moy be retained by to FUNERAL DIRECTOR: Affer director, page 3 should be called with the Stote	saw the deceased alive on 2/23/ 1963, and that death occurred at 44M, fram couses and an	967, that (I) (we) lost the date stated above.
TAL OR A DOOR BY DIRECT Page 3 steel filed with	220. SIGNATURE V C C M.D. ATTENDING MED. STAFF DIRECTOR STAFF DIRECTOR PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR DIR	429/67
TO HOSPITAL Poge 4 moy TO FUNERAL I director, pag	NAME (Type) 161 EPH TALER SV AFROME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Slote)
TO HOSPI Poge 4 m TO FUNER director,	REMOVAL (Specify) Jan. 2,1968 Glen Haven Memorial Pk, Glen Burnie, ADDRESS ADDRES	Maryland s signature
VR A15 (V)	Singleton Funeral Home Glen Burnie, Md. DATE JAN 2 1968	who Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16304 16296 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a countine Arundel a. STATE b. COUNTY Anne Arundel Marvland MARYLAND requires that the death certificate be executed within 24 hours after c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c LENGTH DE STAY IN 16 b CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) 0.0.A Glen Aurnie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? North Arundel 1303 Heathwood Road YES NO X NAME OF Middle 4 DATE First Month Day Year DECEASED Oec. 10 19 67 FRANCIS **BELL** (Type or print) DEATH 9 AGE (In years IF UNDER 1 YEAR 1 IF UNDER 24 HRS. 5 SEX B. DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED X **NEVER MARRIED** Light birthday) Hours 21 May 1921 White Male WIDOWED DIVORCED 10a USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Fisher Body during most of working life, even if retired) .S.A. Newburg. West Va. 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Iva Knott Carl Bell 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, rg, ar unknown) (If yes give war or dotes af service) 232426021 Mary Ann Bell(Wife) Same as # 2 INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: iMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse has been detached far use as the te Dept. af Health priar ta PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO Z YES 🗍 O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far usefuld be filed with the State Dept. af Healt Page 4 may be retained by the haspital ar PHYSICIAN: 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) 200, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, affice bldg., etc.) Not While ot wark L ot wark 21. I certify that (1) (this haspital) attended the deceased fram Geo 10 , 19 67, to Geo 10 , 19 67, that (1) (we) last saw the deceased alive an Occ 10 1967, and that death accurred at 1 70 M, fram causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE ATTENDING PHYS 12-11-67 Daho eins DIRECTOR M.D. 22d. ADDRESS Crain Hwy. N.W. Glen Burnie, Md. 22c. PHYSICIAN'S Robert Dabolins. M. D. NAME (Type) 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Baltimore, Md. Balto. Nat:1. Cemetery 12/13/67 2Sa. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR Singleton Funeral Home/ Glen Burnie, Md. DATE DEC 20 M 1/66



NORTH ARINDEL GENERAL HOSPITAL 202 WICKLOW AVE FERNDALE First Made GENERAL HOSPITAL 105 DECEASED (Type or print) S SEX 6 COLOR OR RACE 7 MARRIED BERRY MALE WHOTH 105 NORTH MARRIED BERRY 107 DECEMBER 108 19 9. AGE (In year) 105 Houses 105 NND OF BUSINESS OR II BIRTHPLACE (COMPLESS) 11 BIRTHPLACE (COMPLESS) 12 TO THOS 13. FATHER'S MANE 14. MOTHER'S MADEN MADEN 15. WASDICASD EVEN OF ORGERS 16. SOLORI SECURITY NO (Test, no. or orunknown) (It year own or of does starvive) 17. SOLORI WAS CLUSTED (IT) 18. CAUSE OF DEATH (Better only one course per line for (o), (b), and (d)) 18. CAUSE OF DEATH (Better only one course per line for (o), (b), and (d)) 19. MARIEN 18. CAUSE OF DEATH (Better only one course per line for (o), (b), and (d)) 19. DUE TO 10. Condit ons, it only, which gave instead the underlying course of the underlying course	- 1		MARYLAND ST Division of STATISTICAL RESEARCH AND RECO	ATE DEP ORDS, 301	PARTMENT OF HEALTH W. PRESTON STREET, BALTIN	IORE, MARYLAND	21201
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16303 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission. PLACE OF DEATH o. COUNTY b. COUNTY PHYSICIAN: The law requires that the death certificate be executed within 24 nours after b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (16 outside corporate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) d. STREET ADDRESS a IS RESIDENCE .⊑ give street oddress and in any event, within 72 ON A FARM filled YES NO NAME OF Middle remove corbon 4 DATE Year Last Doy campletely DECEASED OF DEATH 19 67 12. (Type or print) S. SEX IF UNDER 24 HRS 6. COLOR OR NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR lost birthday) Months Hours WIDOWED DIVORCED ond 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & States or foreign country) 12 CITIZEN OF WHAT during most of work ng life, even if retired INDUSTRY COUNTRY? USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotion, or removal, ann IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. DUE TO signed buriol. Conditions, if ony, which gave Kenula rise to immediate cause (a), DUE TO stating the underlying cause as the of Health prior to last WAS AUTOPS'
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours Brooklyn Park Brooklyn Park
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 21225 120 Audrey Ave. 21,225 120 Audrey Ave. YES NO 1 within 3. NAME DF First Middle Last Month Day Year DECEASED Miller event Rev Bowers (Type or print) DEATH 19 AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | Jast birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. and WIDOWED | March 18. Male DIVORCED [lease re and in a 10a. USUAL OCCUPATION (Give kind of work done) physician 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? U. S. A. Nazarene Church Ambler. Pennsylvania Clergyman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova tending it. Ther Mary Hoffman Harry Bowers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 21225 5 (Yes, no, or unkown) (If yes give war or dates of service) World War] Mrs. Christine W. Bowers 120 Audrey Ave. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HOULE DUE TO bur Conditions, if any, which gave rise to immediate the r to DUE TO cause (a), stating the for use as th Realth prior t underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO T-YES 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) be detach MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from 9 3 manufactures 67 to 19 DE 19. saw the deceased alive on 15 Dec .19 6), and that death occurred at 5 9M, from the causes and on the date stated above. SIGNATURE 22a. DATE SIGNED PHYS. DIRECTOR PHYS. HOSPITAL FUNERAL PHYSICIAN'S ADDRESS should be NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) National Beltimore. Baltimore, Maryland Burial 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Patapsco Ave. 21225 VR ALS (4) 20M 1/65



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
_	7631) CERTIFICATE OF DEATH 16302
1.	a. COUNTY Anne Arunde b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Anne Arunde c. LENGTH OF STAY IN 1b ARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) AGVO AGVO AGVO ANNE ARUNDA C. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
3.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS e. IS RESIDEN ON A FARM YES NO DECEASED Name OF DECEASED And DATE OF
	SEX T. 6. COLOR OR RACE 7. MARRIED NEVER MAR
_ dc	12. CITIZEN OF WHAT COUNT ON WITH STATE OF WILLIAM OF WORK OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNT WOUSE WIFE OWN HOME KIPY, W. Va. U.S. H. 14. MOTHER'S NAME 14. MOTHER'S MAIDEN NAME 15. P. T. T. P. T. P. T. P. T. T. P.
15. (Y-	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (es, no, or unknown) [Iffyesgivewerordeles of service) 212-2439:AMTS. Mildred Rickman 18. CAUSE OF DEATH letter only one cause per line for (e). (b), and (c). (INTERVAL BETWEEN
CATION	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Corebral thrombosis and Cardiae failure. Conditions, if any, which governing the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPPERFORMED YES NO
MEDICAL CERTIFIC	20e. ACC DENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Pert II of Item 1B.) 20c. TIME OF INJURY Menih, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. {City or town} (County) (Slete) While Not While fectory, streat, office bidg., etc.)
WE	21. I certify that (I) (this hospital) attended the deceased from Notice 3.C., 1967, to December 1967, that (I) (we) saw the deceased alive on December 1967, and that death occurred at 1967, the causes and on the date stated above 22e. SIGNATURE 22c. PRYSICIALS 22c. PRYSICIALS 22d. ADDRESS
	NAME STYPE Sylvia M. Lily, Rt 1 Box 244 Edgewater, Md. 21037

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16371 16303 CERTIFICATE OF DEATH hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE b. COUNTY Anne Arundel MARYLAND Maryland A.A. Co b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Rural Freetown 18 years Rural Freetown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Box 325 Glen Burnie P.O. Md Box 325 Glen Burnie YES NO T PHYSICIAN: The law requires that the death certificate be executed within NAME OF First Middle Last 4 DATE Manth Year Day DECEASED (Type or print) eose remove corbo complete 12 24 67 NMN Brown DEATH 19 ond in ony event, Lenors 6 COLOR OR RACE 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 10a USUAL OCCUPATION (Give kind of work dane during mast of warking life, even if retired)

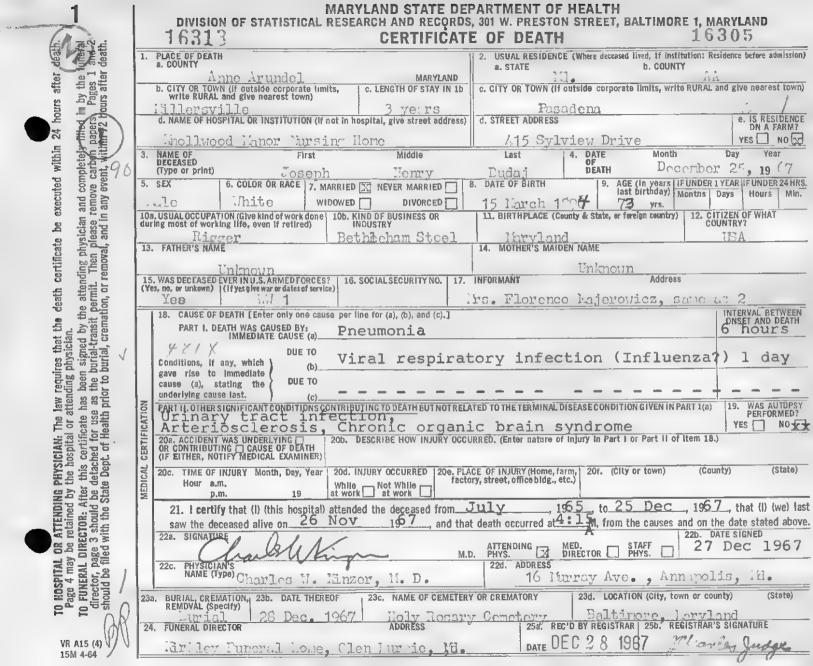
Domestic

13 FATHER'S NAME birthday) Months Hours WIDOWED DIVORCED]**6-9-1889** 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT INDUSTRY U.S.A. Anne Arundel 14. MOTHER'S MAIDEN NAME burrol, cremation, or removal, Emma Curry Alfred Jerome Manns WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, ar unknown) (If yes give war or dates of service) Evelyn Glenn Glen Burnie P.O.Md 217-07-0001 No **** 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) by the hospital or attending physicion. DUE TO Conditions, if ony, which gave rise to immediate cause (a). certificate has been sinched for use as the beat, of Health prior to b DUE TO stating the underlying cause last. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO E 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II af item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 8 20c. TIME OF INJ JRY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) MED Haur a.m. Nat While factory, street, affice bldg., etc.) at work 21. I certify that (1) (this haspital) attended the deceased fram 19____, that (1) (we) last O HOSPITAL OR ATTEND Poge 4 may be retained saw the deceased alive an 12and that death accurred at 22 PM, fram causes and an the date stated above. TO FINERAL DIRECTOR: 6/19 22a STGNAN JREI 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS director, poge s M.D. PHYS 22c PHYS CIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION. 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial Town Neck Anne Arundel Me 12-27-67 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 25a REC'D BY REGISTRAR VR A15 (#) 25M 1/67 Annapolis. Md C.E. Hicks, 111 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16312 CERTIFICATE OF DEATH 16304 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY p. STATE b COUNTY MARYLAND The law requires that the death certificate be executed within 24 haurs after c. LENGTH, OF STAY IN 16 CITY OR TOWN (If outside corporote limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Burnie DENEXM d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM campletely filled in nave carban paper NO 🖂 3. NAME OF 4 DATE DECEASED OF DEATH (Type or print) OSEMONY 9 AGE (In years IF LINDER 5 SEX B. DATE, OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost buthday) Months Doys WIDOWED DIVORCED 10c USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) 13. FATHER'S NAME burial, crematian, ar remaval, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no or unknown) (If yes give wor of dates of service) None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) burial-transit PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) by the hospital or attending physician. DUE TO Conditions, if ony, which gove) rise to immediate couse (a), DUE TO stoting the underlying couse Health priar ta WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) PERFORMED? NO X ATTENDING PHYSICIAN: 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 1B.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e PLACE OF INJJRY (Home, form, (City or town) (County) (Stote) **DIRECTOR:** After this Hour o.m. Not While of work foctory, street, office bldg, etc.) 21. I certify that (I) (this hospital) attended the deceased fram Nov 29, 1963, to Dec 23, 1967, that (I) (we) lost saw the deceased alive on 420, and that death accurred of 420, fram causes and on the date stated above 22o. SIGNATURE 22b. DATE SIGNED ATTENDING director, page stanid be filed 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL Robert 23c. NAME OF CEMETERY OR CREMATORX DATE THEREOF (Stote) 230 BURIAL, CREMATION, REMOVAL (Specify) DaVIA 24 EUNERAL DIRECTOR







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16314 16306 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis City 18 Vrs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS ON A FARM? .⊆ 🖥 NO X Anne Arundel General Hospital 119 Clay Street YES 3. NAME OF Ž 4 DATE Sophie First Brown Lost Year signed by the attending physician and campletely burial-transit permit. Then please remave carban burial, crematian, ar remaval, and in any event, wi DECEASED BUNCH Sophia -Elizabeth-or December 67 (Type or print) DEATH 19 or-6. COLOR OR RACE 9. AGE (n years IF JNDER | YEAR IF UNDER 24 HRS S SEX DATE OF BIRTH 7 MARRIED NEVER MARRIED Months Dovs Hours Female. Negro January 11,1906 6] WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY ? INDUSTRY Maryland Chamber maid Hotel 14. MOTHER'S MAIDEN NAME Mary Gross Unknown Ma 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 119 Clay St Annapolis 220-03-5399 Helen Dancey no PART I DEATH WAS CAUSED BY INTERVAL BETWEEN for (a), (b), and (c).) ONSET AND DEATH IMMEDIATE CAUSE (o) attending physician, DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stating the underlying couse has been be detached for use as the State Dept, of Health priar to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE NO X be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter poture of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home farm 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20f (City or town) ((ounty) (Stote) factory, street, office bldg., etc.) Hour o.m. ATTENDING ot work 21. I certify that (I) (this haspital) attended the deceased from saw, the deceased alive an December 24 19 67, and that and that death accurred at director, gage 3 shauld shauld be filed with the M, fram causes and an the date stated above. p.m 220 SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYS PHYSICIAN S NAME (Type) O HOSPITAL R. L. Richardson, M.D. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 230, BURIA, CREMATION, (Stote) Burial (Specify) 12-28-67 Brewer Hill Md Annapolis ADDRESS 24. FUNERAL DIRECTOR 250 REC D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE DATE JAN MAnnapolis, Md C.E. Hicks, 111



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16315 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16307 HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE **b** COUNTY Anne Arundel Maryland MARYLAND parimen b. CITY OR TOWN (If autside caroarate limits, CLENGTH OF STAY IN 1h c. CITY OR TOWN (If outside comparate limits, write RURAL and give negrest town) and write RURAL and give nearest Jawn d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC form ON A FARM? 2 Give Poges Crownsville State Hospital Rt 1 Box 5 Crownsville YES 🔲 NO F with the Stote 24 hours ofter death Office along with NAME OF Middle Eirst 4 DATE Month Day Year DECEASED PEARL ANN CARICO DEATH December 26, (Type or print) IF UNDER 1 YEAR 1 IF UNDER 24 HRS. S SEX AGE (n years 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH NEVER MARRIED lest birthday) Manths Dovs Haurs Female White 5 5 yrs 10a HSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR (State or foreign country) 12 CITIZEN OF WHAT dunga mast of working life, every fretired) INDUSTRY DNESTIC ef Medicol Exominer's pages pencil 13. FATHER'S NAME be executed within 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dotes of service w thin CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) NTERVAL BETWEEN ONSET AND DEATH event PART I. DEATH WAS CAUSED BY Pulmonary embolism IMMEDIATE CAUSE (a) Ē This certificate should DUF TO DAY Conditions, if ony, which gove rise ta immediate cause (a), _= DUE TO stating the underlying cause lost 95 removal, PART I OTHER'S GNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter nature of injury in Part I at Part II at Item B.) 3 should PRIMARY CONTRIBUTING CONTRIBUTING CO EXAMINER: CALSE OF DEATH 20c TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, Farm 20f (City or town) (County) Haur om Not While at wark factory, street, office bldg., etc.) While moy be retained for your FUNERAL DIRECTOR: Page at work Poge 4 21. I certify that I took charge of the remains described above, held an AutopsXXX Inquiry and in my apinion Inspection Natura, causes XXI death-resulted from. ¿ Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DI.Or DEPUTY MEDICAL EXAMINER EXAMINER'S EdwardF. Wilson, Health December 27, 1967 Address (Street, city, town, or county) the 23d LOCATION (City of 500 VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEI		un dagea
J	16316 DIVISION OF VITAL RECORDS, 301 W. PREST		ND 21201
· (m)	CERTIFICAT	E OF DEATH	16308
	PLACE OF DEATH		red if institution Residence byfore admission)
funeral funeral	a. COUNTY A. A - CO . MARYLAND	O. STATE M D	b. COUNTY A OF
the after	b CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate lin	nits, write RURAL and give nearest town)
by the cours of th	ANNAPOLIS II Dan	geresno	Over 5 mo
low requires that the deoth certificate be executed within 24 hours after deoth ading physician. been signed by the attending physicion and completely filled in by the funeral signed by the attending physicion and completely filled in by the funeral side burial-transit permit. Then please remove carbon papers and side of the burial, cremotion, or removal, and in any event, within 72 hours after deaths.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	RIGHS AL	Je - (208) e S RESIDENCE ON A FARM? YES NO
ote be executed within 2 cion and completely filleresse remove corbon par and in any event, within	3 NAME OF DECEASED OF A SUPERIOR OF SUPERI	Lost 4. DATE OF DEATH	Manth Day Year 12 - 9 - 60 7 - 19
mplet	(Type or print) (Color or race 7. Married Never Married)	8 DATE OF BIRTH 9 AG	E (n years IF UNDER 1 YEAR IF UNDER 24 HRS.
exected co	H WIDOWED DIVORCED	077 9117	birthday) Manths Days Hours Min.
e be on on use re	10a, USUAL OCCUPATION (Give kind of work done during most of working life, even it/reit/ad) 10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, or foreign	country) 12 CITIZEN OF WHAT
tificot hysici n pler	13 FATHER'S MAYIE	14. MOTHER'S MAIDEN NAME	Porell
h cer mg p The	15 WAS DECPASED EVEN IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17	INFORMANT	Address
deot trend rmit.	(Yes, na fir uhtnown) (If yes give war ar dotes of service) 7/4/20384	LA- H.J. Ca	n- Levena M, 166
that the deoth certifian. Jay the attending phy fronsit permit. Then cremotion, or removol	PART I DEATH WAS CAUSED BY	E-0-10	INTERVAL BETWEEN ONSET AND DEATH
equires that the physician. signed by the burial-fronsit burial, cremot	IMMEDIATE CAUSE (a)	DI T	
physici physici signed burial.	Conditions, if any, which gave rise to immediate couse (a),	of Vomelies	
low requencing by several signatures on the brond to bring to burior to buri	stating the underlying cause last. (c) Severe Emp	Dyseno-G.	od Trette
pr.	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 206 ACCIDENT WAS UNDERLYING 1206 DESCRIBE HOW INJURY OCCURRED	THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO 1
NL OR ATTENDING PHYSICIAN: The y be retoined by the hospitol or att L DIRECTOR: After this certificate hooge 3 should be detached for use filed with the State Dept. of Health is	GR CONTRIBUTING CAUSE OF DEATH	D (Enter noture of injury in Part I ar Part II a	
JING PHYSICI by the hospit ffer this certif be detached State Dept. of	20c. TIME OF INJURY Manth, Day, Year 20d NJURY OCCURRED 20e Pl Hour o.m. While Not While	LACE OF INJURY (Home, form 20f. (Citoctary, street, office bldg , etc.)	y or tawn) (Caunty) (State)
OR ATTENDING De retoined by the IRECTOR: After the 3 should be do	21. I certify that (I) (this hospital) attended the deceased fram_	1959, 19 40, to	146 /1, 19, that (1) (we) last
th the state of th	saw the deceased alive on 12-9-67-19, and the		am causes and an the date stated above. 22b. DATE SIGNED
OR / be re DIREC Je 3 s ed wi	Orabert C. Halm	M D ATTENDING MED DIRECTOR D	STAFF PHYS. 0 129-67.
PITAL moy ERAL I	221 PHYSICIAN'S Robert R. HAHP	V P.O. Box 73 S	avelua Park
TO HOSPITAL OF Page 4 moy be for FUNERAL DIR director, page 5 should be filed	230 BURIAL CREMATION 23b DATE THEREOF 230 NAME OF CEMETERY O	R CREMATORY 23d LOCATO	ON (Ctypor Tawn) (County) (State)
2 Q Q VR A15 (4)	74 FUNERAL DIRECTOR APORESS	DEC 1.3	25b REGISTRAR'S SIGNATURE
25M 1/67	Their S. Larranco, James	DEC 13	1967 Johanles Judges



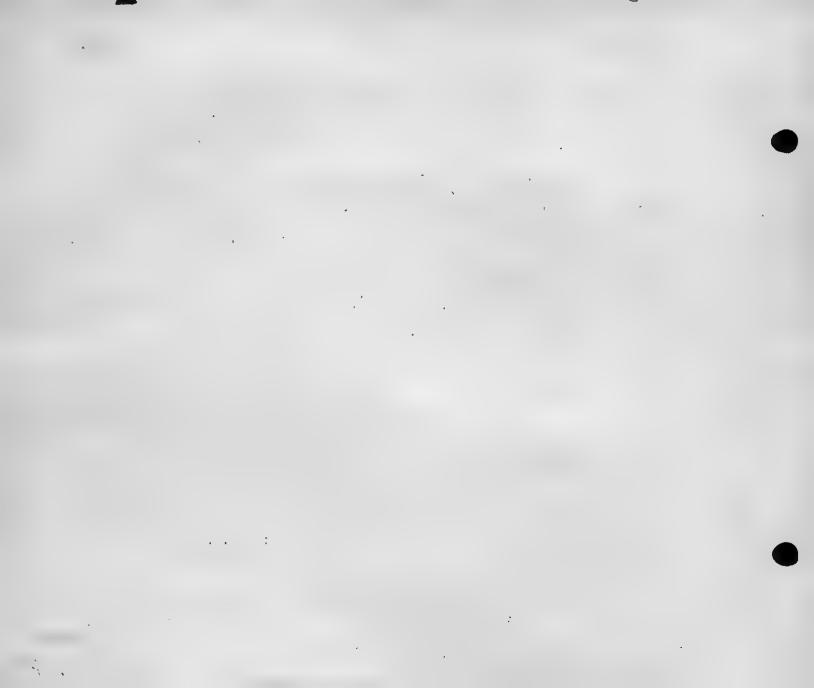
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16317 CERTIFICATE OF DEATH 16309 death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. funeral 1 and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY b. COUNTY after MARYLAND b. CITY OR TOWN (if outside corporate i mits, c. LENGTH OF STAY IN 16 corporate i mits, write RURAL and give nearest town) write RURAL and give nearest town) opers. e IS RES DENCE ON A FARM? (If not in hospital, give street oddress) d STREET ADDRESS ean YES NO D NAME OF Middle Lost DATE Month Doy Year remove carban DECEASED OF 1967 and in any event, (Type or print) DEATH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 24 HRS lost birthday) Months WIDOWED gnd 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY attending physician permit. Then please 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAMI burial, cremation, or removal, 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMAN' Address (Yes, no, or unknown) (If yes give wor or dates of service KINDOUL signed by the c burial-transit po 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. **DUE TO** (and tions, if any, which gave rise to immediate couse (a) DUE TO stating the underlying couse this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to last WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 200 ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour 'o m. foctory, street, office bldg , etc.) Not While of work TO FUNERAL DIRECTOR: After 21. I certify that III (this hospital) attended the deceased fram 1967 1967, that (1) (we) last 12-17 ____19.67, and that death accurred at 4.4 M, fram causes and on the date stated above. saw the deceased olive an 12/10 220 SIGNATURE 22b DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS PHYS 22d ADDRESS 22c PHYSICIAN S NAME (Type) 230 BURIAL EREMATION REMOVAL (Specify) 250. REC'D BY REGISTRAP 24. FUNERAL DIRECTOR 2Sb VR A15 (4) 25M 1/67



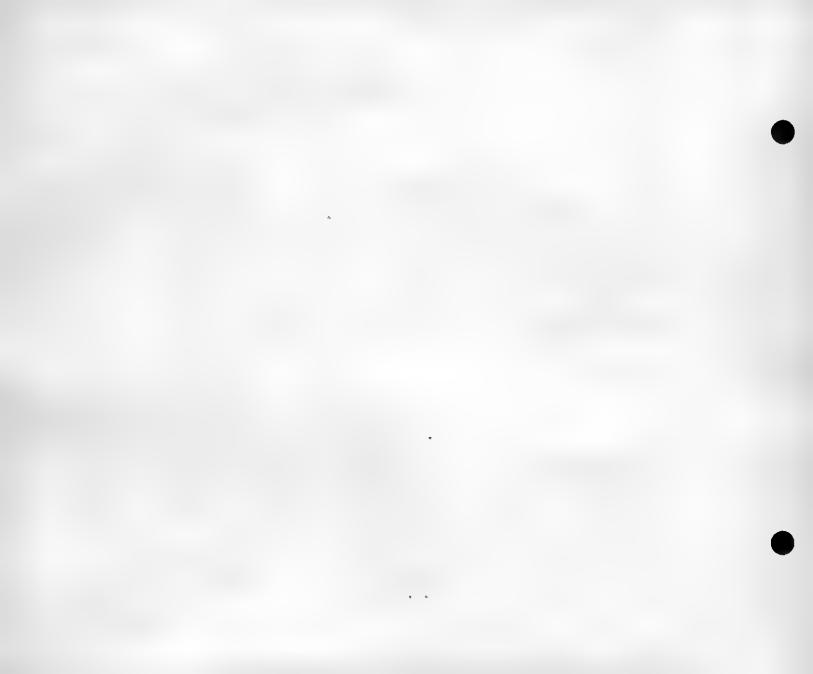
Jar N	16318 DIVISION OF VITAL RECORDS, 301 W. PRESTO	OF DEATH	16310
)	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if instit.	
	a. COUNTY	II n STATE b cou	UNTY
	Anne Arunde I CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 16	Maryland c CITY OR TOWN (If autside sasparate limits, write R	Anne Arundel
	write RURAL and give negrest town)		UKAL and give nearest town;
	Annapolis I. NAME OF HOSPITAL OR INSTITUTION (If not in hospitar, give street oddress)	Annapolis d Street Address	e IS RESIDENCE
			ON_A_FARM?
2	Anne Arundel General Hospital NAME OF First Middle	27 Murray Avenue	YES NO F
J	DECEASED	OF	nth Day Year
S.		CHÂNCE DEATH December B DATE OF BIRTH 9 AGE (In years	I IF UNDER 1 YEAR IF UNDER 24 HRS
	Windlife C	lost birthday)	Months Days Hours Min
100	IS AL OCCUPATION (Give kind of work done 10h KIND OF RUSINESS OF	MBIRTHPLACE (County & State, or foreign country)	12 CITIZEN OF WHAT
duri	most of working life even if refired) INDUSTRY	HWW Apelis Maryland	COUNTRY?
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U. 3.
1	ENTONIN ECHNUSE	KALHEDING MEN	CUAR
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. 17. 18. NO. BY UNKNOWN) (If yes give war or dotes of service)	INFORMANI Add	ress
(Ye	, no, or unknown) (If yes give war or dotes of service)	IPS. JOHN GREER	#2
	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) L. Carelol phro-	11515	ONSET AND DEATH
	Due ve		
	Conditions, if any, which gave) (b) Arterios cler Be	Caselol wastle Diguisi	Coloni
	nse to immediate cause (a), stating the underlying cause DUE TO		
	(c)		
湿	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
CATIC	Bron ato preservice		YES NO
RT FR	20g ACCIDENT WAS UNDERLYING ☐ 20b DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING ☐ CAUSE OF DEATH	(Enter nature of injury in Part I or Part It of item 1B.)	
L CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL CERT FICATION	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLA Haur a.m. While Not While	ACE OF INJURY (Hame, farm, 20f (City ar town)	(Caunty) (State)
E	p.m. 19 otwork 🗀 atwork 🗀	rolly, street, write blug, etc.)	
	21. I certify that (1) (this haspital) attended the deceased from_	4/67 ,19 ,10 /2/	// 1967, that (I) (we) fast
	saw the deceased alive an 47 7 1942, and tho	of death occurred atM, from couses	ond an the date stated above.
	saw the deceased alive an 42/7 19/2, and the 220. SIGNATURE	14:55 A.M.	22b. DATE SIGNED
	saw the deceased alive an 197 1967, and the 220. SIGNATURE M. Brei	D ATTENDING MED. STAFF DIRECTOR PHYS	
	saw the deceased alive an 197 1962, and the 220. SIGNATURE M 22c. PHYSICIAN S	D ATTENDING DIRECTOR DIRECTOR PHYS C	22b. DATE SIGNED. 12-18/17
200	saw the deceased alive an 47 1967, and the 220. SIGNATURE M 22c. PHYSICIAN'S NAME (Type) Robert Biern, M. D.	D ATTENDING PHYS DIRECTOR DIRECTOR PHYS CONTROL PHYS CONT	22b DATE SIGNED 12/8/17 apolis, Maryland.
230	saw the deceased alive an 197 1962, and the 220. SIGNATURE M 22c. PHYSICIAN S	D ATTENDING D MED. STAFF D PHYS DIRECTOR PHYS [22d. ADDRESS 121 Cathedral St., Anna CREMATORY . 28V . OCATION (CITY or I	22b DATE SIGNED 12/8/17 apolis, Maryland.
129.//2	saw the deceased alive an 47 1967, and the 220. SIGNATURE M 22c. PHYSICIAN'S NAME (Type) Robert Biern, M. D.	D ATTENDING PHYS DIRECTOR DIRECTOR PHYS DIRECTOR DIRECTOR PHYS DIRECTOR DIR	22b DATE SIGNED 12/8/17 apolis, Maryland.



ı .	16319 CERTIFICATE OF DEATH	16311
1.	I. PLACE OF DEATH	sed livad, If Institution: Residence bafore edmissi
	a. COUNTY	b. COUNTY
	b. CITY OR TOWN (if outside corporate limits. c LENGTH OF STAY IN 1b	Anne Arunde ta limits, writa RURAL and give nearast town)
	write RURAL and give nearest town)	
	Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospite), give street address) d. STREET ADDRESS	polis
		IS RESIDEN ON A FAR
- 2	Anne Arundel General Hospital 1109 Eastport T	errace YES NO
J	DECEASED	Month Day Year
_		December 31 19 67
٥		AGE (In years IF UNDER 1 YEAR IF UNDER 24 HE ast birthday) Monihs Deys Hours Min
	Male White , wildowed Divorced May 23, 1910	57 yes. Months Days Hours Min
10	10b. USUAL OCCUPATION IGIVE kind of work dong during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or for dong during most of working life, even if retired)	eign country) 12. CITIZEN OF WHAT COUNT
	GUARD MEHT YARD ANDAPOLIS Marylan	d U.S.
13	3. FATHER'S NAME	
	THAMAS CHANEY EMMA BROWLE)
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16/SOCIAL SECURITY NO. 17. INFORMANT	Address
1	(Nes, no, or unkown) (Hyasg vawarordelesofsarvica) 200 05 167/ MADELE LILE E CH	niev #2
100	1/18. CAUSE OF DEATH [Enlar only one cause per line tor (a), (b), and (c).]	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	ONSET AND BEATH
	DUE TO A	2 Asserta
	542	
	gave rise to immediate cause	an annay
	(a), stating the underlying DUETO	
z	[6]	NDITION GIVEN IN PART 1(a) 19. WAS AUTOR
SI		PERFORMED
25	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II or	YES NO
F	OR CONTRIBUTING () CAUSE OF DEATH	a cam and
TERTIFIC		
	204 TIME OF INTEREST NAME TO VALUE 1204 INTEREST CONTRACT OF INTEREST NAME AND 201 (Climate	Annual (Canada) (Canada)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, While Not Whil	town) (County) (Stata)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) 20f. (City of fectory, street, office bldg., etc.) 21. certify that (I) (this hospital) attended the deceased from 12 20f. (City of fectory, street, office bldg., etc.) 20f. (City office bldg., e	
	21. I certify that (I) (this hospital) attended the deceased from Therefore, 196.7. to	.12/3/, 1967, that (I) (we)
	21. I certify that (I) (this hospital) attended the deceased from Therewaler, 1967, to	1967, that (I) (we) re causes and on the date stated abo
	21. I certify that (I) (this hospital) attended the deceased from Towers Ref., 196.7. to	1967, that (I) (we) re causes and on the date stated abo
	21. I certify that (I) (this hospital) attended the deceased from 1967, 1967, to	1967, that (I) (we) the causes and on the date stated abo
	21. certify that (I) (this hospital) attended the deceased from lawfully, 1967, to saw the deceased alive on	12/3/, 1967, that (1) (wo) The causes and on the date stated abo STAFF PHYS. Armapolis Rich
MEDICAL	21. certify that (1) (this hospital) attended the deceased from the course of the co	196.7, that (I) (we) the causes and on the date stated above STAFF 27b. DA)
MEDICAL CERTIFICATION	21. certify that (I) (this hospital) attended the deceased from lawfully, 1967, to saw the deceased alive on	12/3/, 1967, that (1) (we) The causes and on the date stated abo STAFF PHYS. Armagolog Ref
MEDICAL	21. certify that (1) (this hospital) attended the deceased from the course of the co	The causes and on the date stated about the stated about



* 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	16320 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16312	2
HEALTH DEST.	PLACE OF DEATH a. COUNTY Anne Arunde I b. CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) 2. USUAL RESIDENCE (Where deceased lived if institution Residence by a. STATE MARYLAND Maryland c. CITY OR TOWN (lf outside corporate limits, write RURAL and give nearest town)	· a.
S 1. 2	Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street oddress) 196 Clay Street 196 Clay Street	e S RESIDENCE ON A FARM? YES NO SY
id be executed within 24 haurs after death. If a "pending" in pericul in Item 18. Give Pages 1, Chief Medical Examiner's Office along with farm transit permit. File pages land 2 with the State betwent within 72 hours after death.	3 NAME OF First Middle Lost 4 DATE Month DECEASED (Type or print) DOROTHY Blackstone COATES 5 SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years III JNDER 1 YEAR MONTH) I DOE MONTHS DO NOT BE A DATE OF BIRTH 1 OST BIRTH	Doy Year 2 19 67 AR IF UNDER 24 HRS
executed within 24 haurs of nding in pelled in Item 18 Medical Examiner's Office of permit. File pages land 2 within 72 hours after death	Female Negro W DOWED D VORCED VIDE STATE OF THE PROPERTY OF TO PROPERTY DE COUNTY OF THE PROPERTY OF TO PROPERT	N OF WHAT
ecuted with ling in permedical Exam edical Exam ermit. File p	15! WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or doles of service) 16 SOCIAL SECURITY NO 17 INFORMANT Address Address Address	ay St
This certificate shauld be executed within 24 haurs after death, cate, writing the ward "pending" in pelical in Item 18. Give Page be farwarded to the Chief Medical Examiner's Office along with the bused as a burial-transit permit. File pages land 2 with the State removal, and in any event within 72 hours after death.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave (o), stating the underlying cause (ost.) Indeed to immediate cause (o), stating the underlying cause (c) (c)	INTERVAL BETWEEN ONSET AND DEATH
INIR: This certificate shauld e certificate, writing the ward shaud be farwarded ta the Chiles. 3 shauld be used as a burial-tra	PART I OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) PART I OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) PRIMARY OF CONTRIBUTING CONTRIBUTIN	19 WAS AUTOPSY PERFORMED? YES NO
TAM Jife th ge 4 yaur Page	20c. TIME OF .NuRY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF IN.URY (Home, form factory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection Inquiry, a death resulted from. Not are causes X, Accident, Suic.ae, Homic de, Undetermined manner) (State) and in my opinion
ZA Sign	ACTUAL SIGNATURE EXAMINER'S NAME (Type) Edward F. Wilson, M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city town or county) December	22. DATE SIGNED
TO DEFINE TO DEFINE TO SAME THE FUNE TO FUNE		(State)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16321 CERTIFICATE OF DEATH 16313 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Anne Arundel o. STATE Md . b. COUNTYAnne Arundel MARYLAND requires that the death certificate be executed within 24 hamrs after b. CITY OR TOWN (If autside corporate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GIEM BUTTETSTOWN) Glen Burnie d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC North Arundel Hospital 1210 Broadview Blvd. ON A FARM& NO NAME OF Midd e 4. DATE First Lost Month Day Year the attending physician and completely ist permit. Then please remave carban DECEASED
(Type or print) Edgar P. Cockerill 12-19 67 DEATH 6 COLOR OR RACE IF UNDER 24 HRS. S SEX 7. MARRIED B. DATE OF BIRTH AGE (In years NEVER MARRIED los birthdoy) Male White Months Hours 6-16-03 WIDOWED 1Do USUAL OCCUPAT ON (Give kind of work done IDE KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY
Self-Employed during mort of ventrating even if retired) U COUNTRY West Virginia 13 FATHERS NAME 14. MOTHER'S MAIDEN NAME ar remaval. John Cockerill Pritchard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 15-05-4967 Patients Chart 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? artenoschrom - generaling! NO X far 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dc. TIME OF INJURY Month, Doy, Year Hour a m. 2Dd INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While of work factory, street, office bldg., etc.) ot work 21. I certify that (I) (this hospital) attended the deceased from <u>Dec. 8</u>, 19.67, ta <u>Dec. 19</u>, 19.67 that (I) (we) last saw the deceased glive an <u>Dec. 19</u>, 19.67, and that death accurred 5:20aM, from causes and an the date stated above. 22b. DATE SIGNED 22o, SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. Decate 21, 1967 M.D. 22d. ADDRESS 22c. PHYSICIAN'S E.Roderick Shipley, M.D. Camp Meade Rd., Linthicum. Md. NAME (Type) director, I should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 230. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Meadowridge Memorial Dec. Elloridge. ומים [עייוני] ו 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Kirkley's Funeral Home, GlenBurnie, Md. VR A15 (4) 20 M 1/66

DIVISION OF STATISTICAL RESEARCH ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, il institution: Residence before admission) a. COUNTY STATE b. COUNTY MARYLAND CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate limits, write RURAL and write RURAL and give neerast lown) within d. NAME OF HOSPITAL OR INSTITUTION, (if not in hospital, give-street eddress) STREET ADDRESS IS RESIDENCE ON A FARM?] NO 🔽 YES [executed NAME OF Middle DATE Lasi 4. Month Day DECEASED Pa COMP OF c (Type or print) DEATH carbon ¥ith 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEX and DATE OF BIRTH AGE ifn years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) event, Months WIDOWED I DIVORCED physician remove USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. RIRTHPLAGE (County & State. 12. CITIZEN OF WHAT COUNTRY an country) any done during most of working life, even if retired) physician. by the attending p please .⊑ -13, FATHER'S NAME 14. MOTHER'S MAIDEN MAME and law requires that the removal, 16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S ARMED FORCES? 17. INFORMANT Address no. or unkown) | (Ifyesgive were released service) has been signed by 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).] INTERVAL BETWEEN ö ONSET AND DEATH PART I. DEATH WAS CAUSED BY cremation, IMMEDIATE CAUSE (e burial-fransit **DUE TO** aftending Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (a), stating the underlying 节 the hospital or causa lest, After this certificate as o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III. CERTIFICATION PERFORMED? use . prior YES NO detached for 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by ATTENDING MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. DIRECTOR: Dept. at work p.m. at work pe 12-22 1967 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... pinous State K. M. from the causes and on the date stated above. saw the deceased alive on. .Z. and that death occurred at may 22b. DATE ATTENDING SIGNED MED. STAFF HOSPITAL FUNERAL with f PHYS. DIRECTOR PHYS. Page M.D PHYSICIAN'S 22d. ADDRESS NAME (Type) actor, filed 26d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION. 23b. DATE THEREOF P & REMOVAL (Specify) National Cem. Baltimere. 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Gence-1001 Ritchie Hgwv. 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16315 CERTIFICATE OF DEATH 16323 law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) p. COUNTY a. STATE P COUNTY Anne Arundel Anne Arundel MARYLAND c. CITY OR TOWN (If autside carparate imits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carporate limits, write RuRAL and give nearest tawn) c. LENGTH OF STAY IN 1b Glen Burnie Glen Burnie d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 705 Greentree Road YES NOC! 705 Greentree Road 3 NAME OF Middle 4. DATE Last Marth Year First Day DECEASED Sophia Coliano December 30 19 67 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 9. AGE (n years 6 COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH 7 MARRIED last birthday) Months Days WIDOWED DIVORCED 9/12/1898 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Homemaker Own Home Maruland 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Luciano Raimondi Rose Sulvatr 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war ar dates of service) Angelo P. Same Coliano CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH 125610c IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the prior to i FUNERAL DIRECTOR: After this certificate hos been WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) FICATION NO DO YES -20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING COCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Manth, Day, Year Nat While factory, street, affice bldg., etc.) 21. I certify that (1) (this hospital) attended the deceased from... 1962 to 12.30, 196, 7hat (1) (we) lost 12.81. 1967, and that death occurred at M. from causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a, SIGNATURE ATTENDING DIRECTOR PHYS. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S 1101 Maiden Choice Lane Dr. Stanley Ankudas NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g BURIAL, CREMATION 23b DATE THEREOF (County) (State) REMOVAL (Specify) Baltimore. Md. Holu Redeemer REGISTRAR'S SIGNATURE REC'D, BY REGISTRAR 8 Sons Co. 4905 York Road 21212 20 M 1/66

1 1 1 1

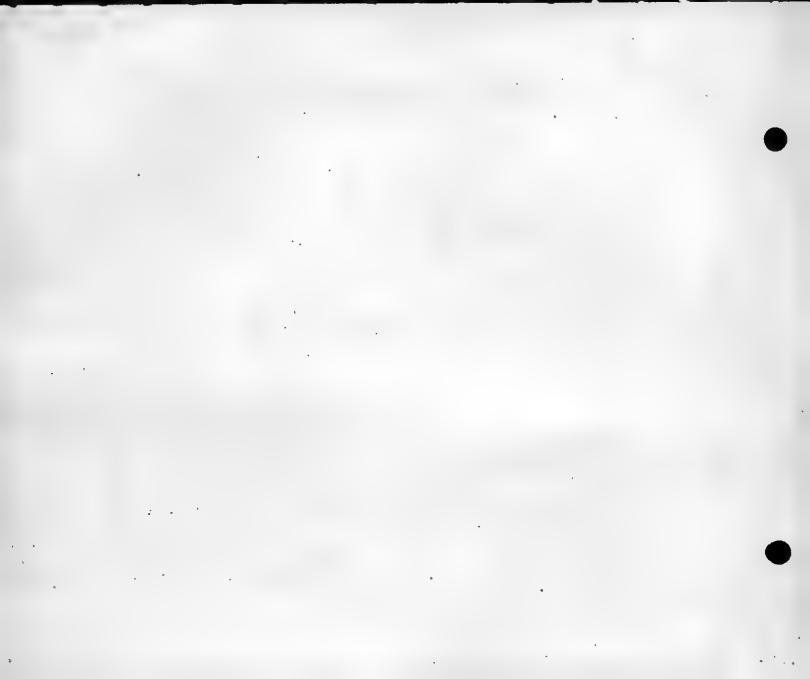
111

	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND [6324] CERTIFICATE OF DEATH
77	PLACE OF DEATH o. COUNTY a. STATE b. COUNTY b. COUNTY b. COUNTY
VI	b. CITY OR TOWN (if outside corporate limits, prite RURAL and give neerest town) C. LENGTH OF STAY IN 1b C. CHYOR TOWN (If outside corporate limits, write RURAL and give neerest town) C. LENGTH OF STAY IN 1b C. CHYOR TOWN (If outside corporate limits, write RURAL and give neerest town)
	d. NAME OF HOSPITAL OR MISTITUTION (if not in hospital give street address) HOLLY T. FINNEDOLIS (OZOS HOLLY T. FINNEDOLIS ROZOS VES NO NO FARM? YES NO NO
	NAME OF DECEASED (Type or print)
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Graphinday) Willowed Divorced Oct 2, 1883 9. AGE (In years IF UNDER 14 HRS. Hours Min. Months Days Hours Min. Mi
9	De. USUM OCCUPATION (Give kind of work one direction) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (County & Stategor Loreign country) 12. CITIZEN OF WHAT COUNTRY OF WHAT COUNTRY 11. BIRTHPLAGE (County & Stategor Loreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLAGE (County & Stategor Loreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLAGE (County & Stategor Loreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLAGE (County & Stategor Loreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLAGE (County & Stategor Loreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLAGE (County & Stategor Loreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLAGE (County & Stategor Loreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLAGE (County & Stategor Loreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLAGE (County & Stategor Loreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLAGE (County & Stategor Loreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLAGE (County & Stategor Loreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLAGE (County & Stategor Loreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLAGE (County & Stategor Loreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLAGE (Country & Stategor Loreign country) 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLAGE (Country & Stategor Loreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLAGE (Country & Stategor Loreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLAGE (Country & Stategor Loreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLAGE (Country & Stategor Loreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLAGE (Country & Stategor Loreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLAGE (Country & Stategor Loreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLAGE (Country & Stategor Loreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLAGE (Country & Stategor Loreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLAGE (Country & Stategor Loreign country) 12. CITIZEN OF WHAT COUNTRY 13
	Address Was DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT/ Address
ñ	18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) COROMARY THROMBOSIS ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stelling the underlying cause last. (b) ARTIRIOSCIERUTICHEMET DISHINE DUE TO (c) the underlying cause last.
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO
L CERTIFIC	20e ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of 'njury in Pert I or Pert II of from 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ate Dept. of Hea	
	21. I certify that (I) (this hospital) attended the deceased from 12. 1960, to DEC. 12. 1967, that (I) (we) less saw the deceased alive on 2. 1962, and that death occurred at M, from the causes and on the date stated above.
	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22b. DATE SIGNED PHYS. 22c. BENEFICIAN'S 22d. ADDRESS
1 = 2	NAME (Type) EDWARD S. BECK FRANKLIN ST. HUVADON'S, MD. Sa. BURIAL, CREMATION, 236 DATE THEREOF 23C, NAME OF CEMETERY OR CREMATORY 23dy JOCATION (City, Ighan or county) (Siate)
41 2	ADMOVAL (Specify) 12-13-67 Cedar Grove. //EW London Conn. FUNERAL DIRECTOR'S SIGNATURE O ADDRESS 250. REC D BY REGISTRAR'S SIGNATURE 250. REC D BY REGISTRAR'S SIGNATURE
1	Thu M. Laylor + Sons Chmapolis, Met. DEC 14 1967 Jaliantes Judge.





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH the funeral ges 1, and 2 after death. death. hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Anne Arundel **MARYLAND** by the Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b ARNOLD, MD Arnold, Md. Ξ completely filled I we carbon, papers. event, within 72.h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? death certificate be executed within 24 NASKELL DOIVE Haskel ND 🗷 YES 3. NAME OF Middle DATE Month Day Year DECEASED 1967 Josephine Dameron 22 Dec. (Type or print) DEATH 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER) YEAR | IF UNDER 24 HRS remove 7. MARRIED NEVER MARRIED last birthday) any F 3/16/1913 Months | Days Hours 1 and WIDOWED DIVORCED please re 1Da. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even if retired) COUNTRY? 13. FATHER'S NAME VA U 50 attending phys ermit. Then ple in, or removal, a MOTHER'S MAIDEN NAME Perry MANESS Pally 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) FAMILY igned by the att ial-transit perm ial, cremation, NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH The law requires that the PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physiclan. IMMEDIATE CAUSE (a) been signed **DUE TO** buri Conditions, if any, which (b) gave rise to immediate 計ま DUE TD cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for use should be filed with the State Dept. of Health YES | NO T 2Da. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from Mar. 16 to Dec. 22 1954 1957 saw the deceased alive on and that death occurred at. _M. from the causes and on the date stated above. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. PHYSICIAN'S ADDRESS director, p should be Smith. NAME (Type) Professional 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 4200 Penning1 VR A15 (4) 2DM 1/65



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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau be retained by the hospital ar attending physician. **RECTOR: After this certificate has been signed by the attending physician and completely filled in by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbon papers. But with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 72 mounts.	- 8	CAUSE OF DE	ATH (Enter only one co	ouse per line for	(a), (b), and (c).)		1 0				NTERVAL BETWEEN
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DIRE Be 3		DINVELCIALIE	y erne	oper	co'	M.D	PHYS 22d ADDRESS	DIRECTOR	PHYS L	1/2/	119/67
may may RAL I		c. PHYSICIAN'S NAME (Type)	B BO	MP	chualit			4-57-1-34	NOTES	5 /	HUNABELIS
双 두 분 호구 🔨	23a Bl	JR AL, CREMATIC	DN, 23b. DATE T	HEREOF	23c NAME OF CEMET	TERY OR C	REMATORY	- 23d LOC	ATION (City or Tov	m) (Co	ounty) (State)MC
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CERTIFICATE OF DEATH 16320 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY 6 COUNTY MARYLAND b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c CITY DR TOWN (If gutside carparate limits, write RURAL and give negrest town) write RURAL and give nearest town) Annepolis d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENC DN A FARM Southburg Southanen Rd 3. NAME OF DATE Middle Manth DECEASED (Type or print) Benio 12 and in any event. DEATH 5 SEX 9 AGE (In years last birthday) IF UNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED Months Doys Hours WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) CDUNTRY? STATE U.S.A. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME crematian, ar removal, Folis In known 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, or unknown) (If yes give war ar dates of service DIBSNIO MARC 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN burral-transit ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Husertasie Arterio scheente UN siscon mon year Conditions, if any, which gave) rise ta immediate cause (a), stating the underlying cause priar to lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES [NO 17 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) at work I Not White Hour am. factory, street, affice bldg, etc.) DIRECTOR: After 21. I certify that (I) (this hopital) attended the deceased fram June, 1967, to Alexa, 1967 that (I) (we) last saw the deceased alive an 1/12 5 and that death accurred at 10A M, fram causes and an the date stated abave. 226 DATE SIGNED 220 SIGNATURE M.D. DIRECTOR ADDRESS 22c. PHYSiCIAN S FUNERALL NAME (Type) Robert O. Biern, M.D. 121 Cathedral Street, Annapolis, Md. director, 1 230. BURIAL CREMATION 23b. DATE THEREDE 23c NAME OF CEMETERY DR CREMATORY 23d LOCATION (City or Town) (laster), all line ton; REMOVAL (Specify) Queen Annes M. 24 FUNERAL DIRECTOR 25a REC'D BY REGISTRAR Minula

ND STATE DEPARTMENT OF HFALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 Film = 3396 32727/67 ph CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o STATE b. COUNTY MARYLAND The law requires that the death certificate be executed within 24 hours after b CITY DR TOWN (If autside carparate limits, c LENGTH OF STAY IN 1b c. CITY OR JOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) d NAME DE HOSPITAL DR INSTITUTION (If got in haspital, give street address) d STREET ADDRESS ON A FARM? lease remove corbon pop and in any event, within (7) ND D YES NAME OF First Last DATE and completely Day Year DECEASED (Type or print) DEATH S SEX 6. CDEDR OR RACE AGE (In years IF UNDER YEAR MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 24 HRS birthday) Manths Days Haurs WIDDWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY signed by the offending physicion buriol-transit permit. Then please COUNTRY 2. State Rds. Comm Severn, AA Co., Md. Retired 13. FATHER'S NAME 14. MD THER'S MAIDEN NAME burial, cremation, or removol, Ida E. Beasley George P. Disney 15 WAS DECEASED EVER IN U.S ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) ((If yes give wor or dates of service arundel C. C. IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
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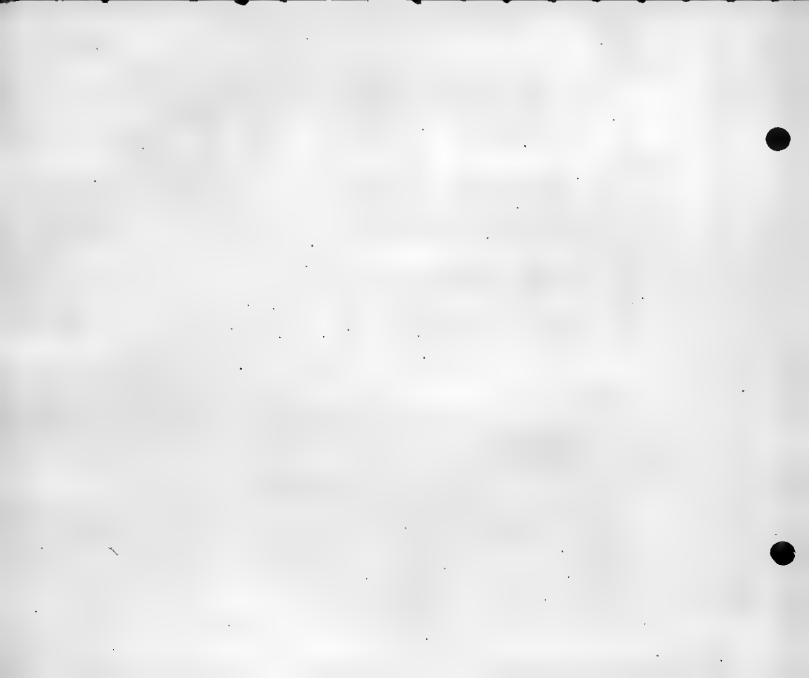
MARYLAND STATE DEPARTMENT OF HEALTH



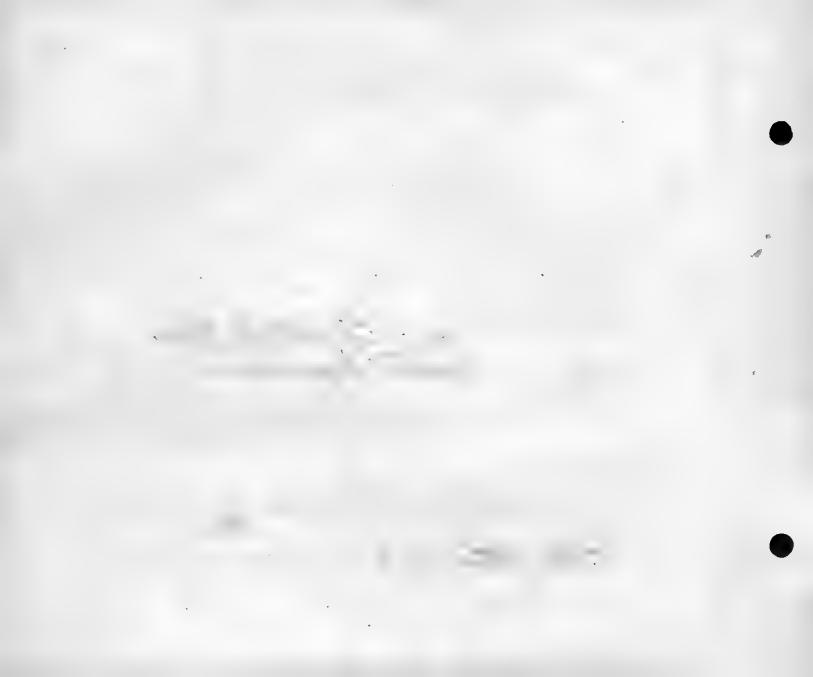
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	13. FATHERS NAME	,	ty		14 MOTHER'S MAID	12 Bell		
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	PART I. DEAT	ATH (Enter only one county H WAS CAUSED BY IMMEDIATE CAUSE)	1	(o), (b), and (c).)	eart bute	ut		L BETWEEN AND DEATH
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	220. SIGNATURE	Cal	?)/4	(1		MED STAFF PHYS.	22b. DATE SIGNED	42-
	22c PHYSICIAN'S NAME (Type)	Richard N.	Peele	er, M.D.	22d ADDRESS	hedral St., An	napolis, Md.	
7	3g. BUR AL, CREMATIC	N, 23b, DATE THE		23 MAME OF CEMETERY OF	r crematory nd Cemete	23d LOCATION (Gity or	Town) Sigurday	(Stote)
1	FUNERAL DIRECTO		men 1	ADDRESS	1. /	EC'D BY REGISTRAR 256	REGISTRAR'S SIGNATURE	۸.



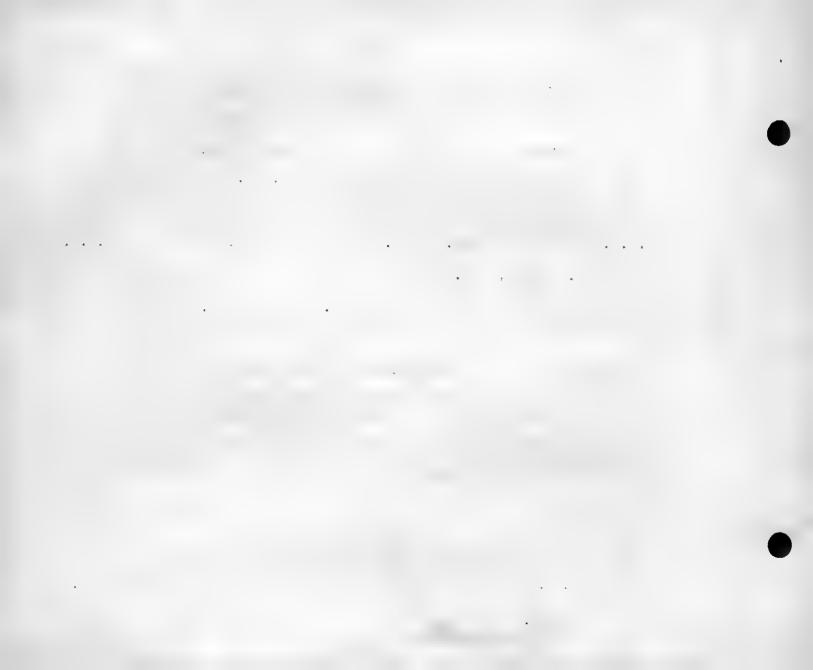
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24 H	500		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
5	within	-	NAME OF A First Middle Last 14 DATE Month Day Year
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death certificate	팔는 등	1; (Y	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. / INFORMANT / Address es, my or mikown) (If yes give war or dates of service)
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NIO		≥	21. I certify that (i) (this hospital) attended the deceased from ///8/, 1967, to /2/28/, 1967, that (i) (we) last
ATTE	RECTOR: All 3 should with the S	L	saw the receased alive on 1967, and that death occurred at 1236M, from the causes and on the date stated above.
52	L DIRE	-	Lamend / Voushall M.O. ATTENDING MED. OIRECTOR DAYS. DIRECTOR DAYS.
PITAL	Tage 4 may be retained in the following the		22c. PHYSICIAN'S FOMONDI, MOUSHABER 22d. ADDRESS ARLEY STATION ROAD NAME (Type) EDMONDI, MOUSHABER 22d. ADDRESS ARLEY STATION ROAD
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201	Bull.	in	uce 1/Burger for



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16332 16324 CERTIFICATE OF DEATH 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o STATE h COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate I mits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) write RUPAL and give nearest town) Severna Park Glen Burmie
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 6 hours d STREET ADDRESS IS RESIDENCE ON A FARM? North Arundel Hospital Cottonwood Drive YES NO TO be executed within 3 NAME OF First Middle 4 DATE Month Lost Doy 000 DECEASED Drankwiuz Eva L. (Type or print) DEATH December S SEX 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR JE UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours white female WIDOWED DIVORCED 10-19-03 attending, physician and termit. Then please rem 10o USUA: OCC. PATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Mississippi requires that the death certificate U.S. housewife 13 FATHERS NAME 14 MOTHER'S MAIDEN NAME INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (f yes give wor or dates of service no 1B. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) NTERVAL BETWEEN signed by the burial-transit p PART I DEATH WAS CAUSED BY HTARD DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse os the O FUNERAL DIRECTOR: After this certificate hos been lost. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? YES . ō 205 DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20o ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH jo detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg,, etc.) Not While 21. I certify that (1) (this haspital) attended the deceased fram_ 19/2, that (I) (we) last 1967, and that death accurred at 1 M, fram causes and an the date stated abave. ノス・マチー saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE. STAFF PHYS M.D. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type): liary T. Medica. Center-Hospital Drive-Glen Burn O'Herlib NAME OF CEMETERY OR PREMATORY 230 BURJAL, PREMATION DATE THEREOF 23c REMOVAL (Specify) 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

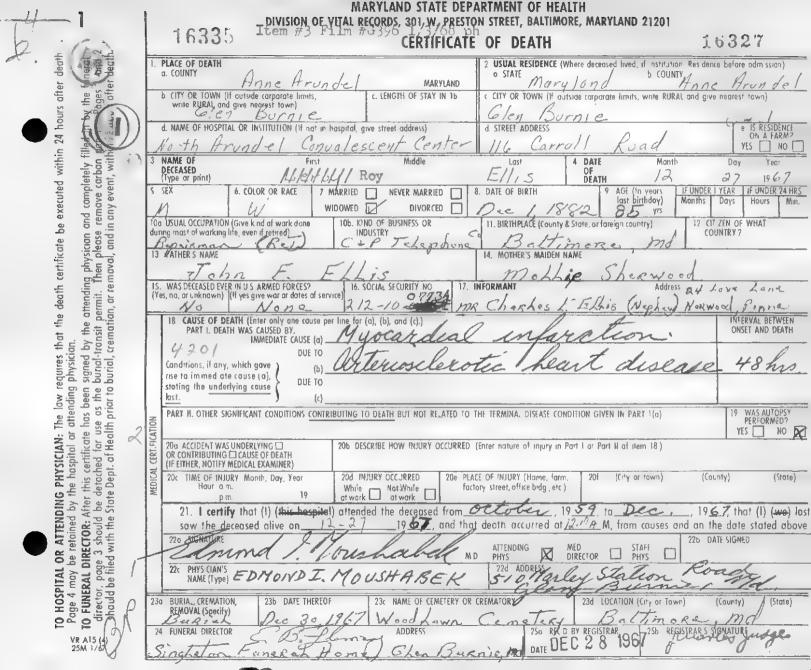


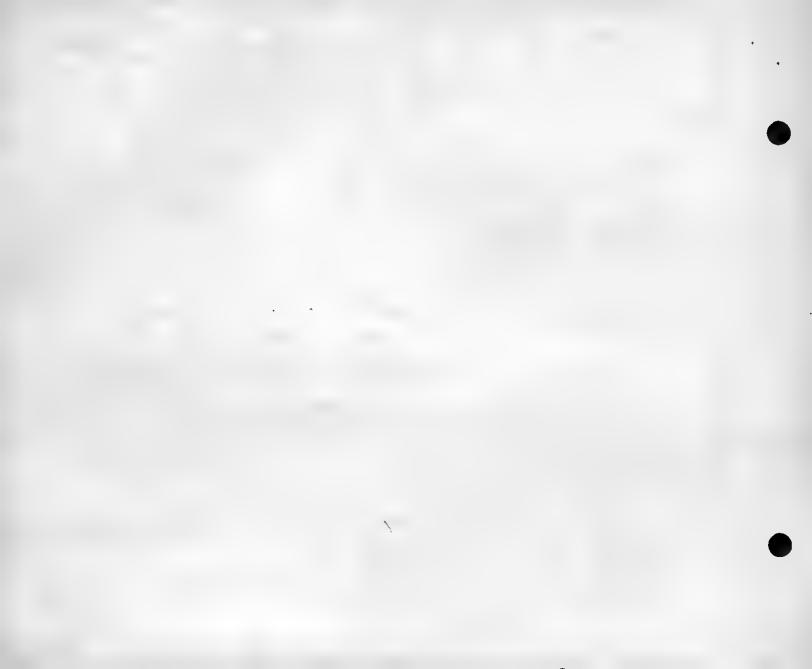
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16333 CERTIFICATE OF DEATH 16325 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE **b.** COUNTY Anne Arundel MARYLAND Maryland Anne Arunde The law requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (f outside corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not un hospital, give street oddress) B IS RESIDENCE ON A FARM? d STREET ADDRESS Naval Hospital Annapolis, Md YES 🗍 NO X NAME OF Middle 4 DATE Month Dov DECEASED DRUMM. JR. JOHN December 67 MADA (Type or print) and in any event, 6. COLOR OR RACE 9 AGE (In years IF UNDER 24 HRS S SEX B. DATE OF BIRTH IF UNDER 7 MARRIED **NEVER MARRIED** lost birthday) Manths 26 August 1926 Male Cauc. WIDOWED DIVORCED 10o. USUAŁ OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT MO NATIL. GAURO during most of working life, even if retired) BALTIMORE, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, ar remayal, FRANCES LOJISE CLARK JOHN A. ORJMM SR. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service) 216 20 0119 MRS. HILDEGARDE A. DRUMM (WIFE) SAME 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriaf-transit p ONSET AND DEATH Myocardial Infarction IMMEDIATE CAUSE (o)_ DUE TO Conditions, if any, which gove Arterioscierotic Heart Disease rise to immediate couse (a). DUE TO storing the underlying couse as the Ventricular Fibrillation 19 WAS AUTOPSY PERFORMED? this certificate has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) , page 3 should be detached for use be filed with the State Dept. of Health YES X NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) 20o ACCIDENT WAS UNDERLYING OR CONTR BUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or fown) (County) 20c. TIME OF INJURY Month, Doy, Year (Stote) foctory, street, office bldg., etc } Not While ot work of work 21. I certify that (I) (this hospital) ottended the deceased fram 10 Dec., 19 67 to 13 Dec., 1967, that (I) (we) last saw the deceased alive on 13 Dec., 19 67, and that death accurred at 1130 M, fram causes and an the date stated above. 22o. SIGNATURE 22b DATE SIGNED DIRECTOR M.D 22d ADDRESS 22c PHYSICIAN'S NAME (Type) LT MC USNR NAVAL HOSPITAL, ANNAPOLIS, MD. director, p 23b. DATE THEREOF 23d LOCATION (City or Town) 230 BURIAL, CREMAT ON, 23c NAME OF CEMETERY OR CREMATORY (County) BEMOVAL (Specify) GLEN HAVEN MEMORIAL PARK GLEN BURNIE. MARYLAND 2 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE DEC 19 1987



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 16326CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY b. COUNTY Anne Arundel Maryland Anne Arundel after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Glen Burnie Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ACCRESS a. IS RESIDENCE **In-Filed** ON A FARM? 21061 2107 Dersey Road YES NO . 2107 Dorsey executed within NAME OF First Middle Last Month Day ē DATE DECEASED event, Lizzie E. Durham 1967 Car (Type or print) December compl DEATH 5. SEX 8. OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE гетоле 7. MARRIED NEVER MARRIEO in any and Female White Aug. 14. 96 WIOOWEO JA DIVORCEO F 1871 10a. USUAL OCCUPATION (Give kind of work done) physician en please r 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) COUNTRY? and South Carolina U. S. A. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME гетоуа attending permit. Then Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the atten it permit. 5 (Yes, no, or unknwn) (If yes give war or dates of service) Mr. Earl Griffin 2107 Dorsey Road 21061 cremation, 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN that the been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) da attending physician. 3 DUE TO redu res Conditions, If any, which (b) gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. g (c) CERTIFICATION WAS AUTOPSY PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMEO? certificate NO K YES 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) of o hed Dept. this detach MEDICAL (County) (State) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While After ATTENDING at work at work 1010 4. 1967, that (I) (we) last P should ith the 1963 19 DIRECTOR: Jage 3 should liled with the 21. I certify that (I) (this hospital) attended the deceased from to_ 19.6.7 and that death occurred at & A.M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED to DIRECTOR laut M.D. PHYS. PHYS. WEI director, pay pa 運 HOSPITAL PHYSICIAN'S 22d. ADORESS 22C. NAME (Type) 7.1680 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Six Mile Baptist Cemetery Six Mile. S.C. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 196 Patansco Ave. VR A15 (4) 20M 1/65







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	De les		PLACE OF DEATH o. COUNTY					PEATE		deceosed lived, if instri	tution Residenc	e before o	dmission)
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	by t		Glen Bu	rnie		1 DA	29		rn, Md.				
	£ = 55.5		d NAME OF HOSPIT	AL OR INSTITUTION (IF no	at in haspital, g	ive street address)	d STREET ADD	RESS nees tow	m Pd		0 1	S RESIDENCE ON A FARM?
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	within 24 within 24	3	NAME OF DECEASED	Fi	rst	Middle		Lost		DATE M	onth	Doy	Year
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	campletery ave carbony y event wi	5	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MAR		B. DATE OF BIRTH		9 AGE (In years 72 lost birthday)	IF UNDER I		UNDER 24 HRS lours Min.
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	ate be exertion and college rema	001	Medrica	Retired	CONS	STRY WOT.	CN	Mary	land		U.	UNTRY?	
	physician on please loval, and it	13	FATHER S NAME					14. MOTHER'S					
	cert her her nov		LSAIA					E//A	15 A-A	CKSTON			
	requires that the death certificate be executed within 24 hours after death g physician. signed by the attending physician and campletely filled in by the funeral submodular parties, permit. Then please remark carbon capers. Peges 1 and a burial, cremation, or removal, and in any event within 77 hours after death	TS (Ye	WAS DECEASED EVE is, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	of service) 16 S	OCIAL SECURITY N		INFORMANT	Posts	Ad -Sour	dress	5	
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	it the the sit properties		18 CAUSE OF DE PART I. DEAT	EATH (Enter only and cau TH WAS CAUSED BY:					4,			ONSEL	AL BETWEEN AND DEATH
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	sicro ed ed e		Conditions, if any,	DUE which cave \		1	-5.	011	0				
	phy sign suri		rise to Immediate		(b)	70.	•	<u> </u>	ر صت				
	ng en s		stating the under	rlying couse									
	the law ratending attending has been se as the hariarta			GNIFICANT CONDITIONS C	(c)	O BEATH BUT NOT	DELATED TO	THE TERMINAL DIS	CEACE CONDITIO	N CINCH IN DARY 1/->		10 W	VZGOTILA ZA
		NO.	PARI II UINEK SII	GNIFICANT CONDITIONS C	UNIKIBUTING 1	O DEATH BUT NOT	KELATED TO	ITE TEKMINAL DIS	SEASE CONDITIO	N GIVEN IN PART 1(0)			AS AUTOPSY REORMED?
		3	20a ACCIDENT WAS	CHARGENING [7]	ank pro	COIRC HOW IN HIS	V ACCHIDED.	(Enter nature of	unitary in Dark I	or Part II of Item 18.)		YES	NO DA
		MEDICAL CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	AUS. UES	CKIDE HOW INJUR	OCCURRED.	ferries indicise of i	injury in roll i	or roll if of nem 16.)			
		3	20c TIME OF INJU	JRY Month, Doy, Year		JURY OCCURRED	20e PLA	CE OF INJURY (Ho	ome, form,	20f (City or town)	{Cou	nty)	(Stote)
	te D	띃	Hour on	1.0	While of work	Nat While of work		tory, street office b	bidg, etc.)				
	DING by the Affer the be de State			fy that (1) (this has				Luc 13	3 . 196	Z. 10 (9-60	14.196	2. that	(I) (we) las
	the the		saw the de	eceased alive an_	Der 1	4 1967	Z, and tha	t death accur	rred at <u>4/3</u>	M, fram cause	s and an th	ie date :	tated abave
	R ATTENI retained ECTOR: A 3 shauld with the		220. SIGNATURE					ATTENDING	MED.	STAFF	22b. DA	TE SIGNED	
	OR ATTENDING PH be retained by the h DIRECTOR: After this ge 3 shauld be detact led with the State Der			w- Wal	no ein	7	MJ	D. PHYS	DIREC	TOR L. PHYS.	DI BUC.	14,	1907
			22c PHYSICIAN S NAME (Type)	ROBER			'NSA	22d. ADDR	RESS 400	CRAIN A 134 KN	IF 1	W/D h	,
	NER Androvenidable	-02											(See a)
	O HOSPITAL Page 4 may O FUNERAL director, pag	230	B IRIAL, CREMATION	DN 23b. DATE TH		23c. NAME OF	CEMETERT UK	CKEMAIUKT	2	3d. LOCATION (City of	+gwfi)	(County)	(Stote)
	(!K	24	. FUNERAL DIRECTO	D		ADDRESS		A 2	So. REC'D BY F	REGISTRAR 25b	REGISTRAR'S SI		
	VR A15 (4)	1-	many	an Dila	des C.	38 NG10	mon	.J≠-	DATE O CO	1 9 1967	x leavel	By Ju	oglin



72 1 1	/ [MAKTLAND STATE DEPARTMENT OF HEALTH	
1 71		1633	
(1)		CERTIFICATE OF DEATH 16329	
s ofter death the funeral	Ī	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 3. STATE 4. COUNTY 4. COUNT	==
ofter o		MARYLAND D. A.G.	
the the		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	
a a a a	1	KREOKLY VENK YES DECKEY.	
le law requires that the deoth certificate be executed within 24 hours ofter death trending physicion. as been signed by the attending physicion and completely filled in by the funeral os the burial-tronsit permit. Then please remove carbon papers. Pages I ond prior to burial, crematian, or remaval, and in ony event, within 72 hours after death		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 210 Hold Cross Road 210 140/4 Cross Rd YES NOT	X
withi oon with	3	RECEASED	_
ed v		(Type or print) ROY W. EVANS DEATH /2- 19 19 C/	
equires that the deoth certificate be executed within physicion. signed by the attending physicion and completely fi burial-tronsit permit. Then pleose remove carbon burial, crematian, or remaval, and in ony event, with		SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR Months Doys Hours M.n. Months Doys Hours M.n.	
and and in or		00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF RUSINESS OR 2) RIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT	-
rte t		uring most of working life, even if retired) INDUSTRY TRUCK Druce 1989 - Turnball to Mary hand COUNTRY?	
hysi n pli	1	3. FATHER'S NAME 14 MOTHER'S MAIDEN NAME	
cert The		Lawrence Evans Such -	
ooth or re		S WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Address	
afte afte an,	-	Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN	=
the the sit mati		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the Vanereas with	
the tree creek		DUE TO	
uire y signe gne gne irial		Conditions, if ony, which gove (b) Webartanis to lever	
req n sin		storing the underlying couse (
law ndin bee s th ior t		lost. (c)	
: The protect of the	3	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO	
SICIAN spital o prifical ed for ed for	NOTIFICATION INCIDENTIAL	200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B) OR CONTRIBUTING CALEXAMINER)	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hour. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Poshould be filed with the State Dept. of Health prior to burial, crematian, or remayal, and in any event, within 72 theory.	MENICAL	20c. TIME OF INJURY Month, Doy, Year Hour a.m. 19 20d. INJURY OCCURRED While of work of work 20e PLACE OF INJURY (Home, form, form	
Affren by by be be be		21. I certify that (1) (this hospital) attended the deceased from Scale 3 1967, to Week 29 1967, that (1) (well)	ast
Ined Seld the	1	saw the deceased alive an	ve
TA ST		220 SIGNATURE 226 DATE SIGNED STAFF 226 DATE SIGNED	
DIR Be 3		MD PHYS LI DIRECTOR LI PHYS LI QUE 24 1991	
O HOSPITAL Poge 4 moy O FUNERAL director, po		22c PHYSICIANS NAME (Type) Morton M. Krieger, M.D. 22d 615 Hammonds Lane Balto. Md. 21225	
HOS FIGURE 4	1 2	30 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)	
5 5 5 4 V	1	REMOVAL (Specify) 1-2-68 Bs 1to NAT. Com. B2 1to 21229, 4rd.	
VR A15 (4) 25M 1/67	\	24. FUNERAL DIRECTOR ADDRESS Solve By REGISTRAR 256 REGISTRARS SIGNATURE DATE DATE DATE	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16333 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH a. COUNTY o STATE Ann Arundel MARYLAND Baltimore City c. CITY OR TOWN (If outside corporate limits, write RJRAL and give necrest town) b CITY OR TOWN (f outside corporate limits, c. LENGTH OF STAY IN 16 write RJRAL and give nearest town)
Glon Burnie 24 hours DAYS Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled North Arundel Hospital 4402 Fairhaven Ave. Curtis Bay YES NO X requires that the death certificate be executed within corbon NAME OF Middle Lost 4. DATE Year Faby DECEASED Marie 0F 19 (Type or print) CMARYANN DEATH IF UNDER 24 HRS. S SEX AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED 🔀 DATE OF BIRTH last birthday) Months Hours in ony 3-21-20 White 4******** fa Female 10b, KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 11, BIRTHPLACE (County & Stote, or foreign country) COUNTRY? pleose during most of working life, even if retired)
House Wife **INDUSTRY** or removal, and HOME Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MALINOWSKI LFKSALZA KONSTANLE 16. SOCIAL SECURITY NO. 17 INFORMANT 21206 (Yes, no, ar unknown) (If yes give wor or dates of service) NONE EDW. FABY FAIRHAVEN AVE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c); signed by the buriol-tronsit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause FUNERAL DIRECTOR: After this certificate has been the last. WAS AUTOPS! PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO DO YES [for 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 1B.) 200 ACC DENT WAS UNDERLYING detoched f te Dept. of I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While at work of work 21. I certify that (1) (this haspital) attended the deceased from La and that death occurred of 2 Med M, from causes and an the date stated above saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING DIRECTOR M.D. PHYS PHYS 22d ADDRESS 22c PHYSICIAN NAME (Type) Glen Burnie. Charles R. MacDonald M.D. 325 Hospital Drive director, should b should 230 BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE THEREOF -23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) MD BALIO. ANNE AKUNDEL CRUSS CEM. 2 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 MO



- Agricultural		MARYLAND STATE D Division of STATISTICAL RESEARCH AND RECORDS, 3	DEPARTMENT OF HEALTH OI W. PRESTON STREET, BALTIMORE	, MARYLAND 21201
		16339 CERTIFICAT	TE OF DEATH	16331
death dind	1	PLACE OF DEATH D. COUNTY Ann Arundel MARYLAND	2 USUAL RESIDENCE (Where deceosed lived o. STATE Maryland	l, if institution Residence before odmission) b COUNTY Balto - Dawyty
ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death estained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and campletely filled in by the tungol shauld be detached far use as the burial-transit permit. Then please remove carbay papers? Pages I and with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event, within the state Dept.		o CITY OR TOWN (If outside corporate limits, content of STAY IN its write RURAL and give necrest town) GLAN Burnie NAME OF HOSPIAL OR INSTITUTION (If not an hospitol, give street oddress)	CCITY OR TOWN (If outside corporate limit	(Arnaklyn Park)
filled in papers	N	Forth Arundel Hospital	601 Holy Cross Rd.	e is residence on a farm? yes \(\) NO \(\)
ecuted with campletely in	1	Type of print)	letcher 0F DEATH 9. AGE (Month 2- 25 Doy Year 67
ne executed wit and campletely remove carba in any event, w	M	Ale White WIDOWED DIVORCED	5-29-94 75	orthdoy) Months Doys Hours Min.
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h certifica ing physi Then pl		James Fletcher	(Արknown)	1.31
te death attendin permit ian, ar re	(Ye	s, no, or unknown). If it was give wor or dotes of service t	informant irs. Anna M. Fletche	
equires that the death certificate be executed v physician. signed by the attending physician and camplete burial-transit permit—then please remave carb burial, crematian, ar remaval, and in any event,		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	infantion	INTERVAL BETWEEN ONSET AND DEATH
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 shauld be detached far use as the burial-transit permatid be filed with the State Dept. of Health priar ta burial, cremating		Conditions, if ony, which gove (b) (b) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	D	lacin
faw re ending been is the		stoting the underlying couse (c) PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN P.	ART 1(o) 19 WAS AUTOPSY PERFORMED?
N: The ar affe ar affe bas after the cell of the cell	CERTIFICATION		D (Enter noture of injury in Port I or Port II of I	YES NO [
YSICIA naspital certific ched fa		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		or town) (County) (State)
ATTENDING PHYSICIAN: The faw re retained by the haspital ar attending ECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept. of Health priar ta	MEDICAL	Hour a.m. 19 While Not While of work of work	foctory, street, office bldg , etc.)	
TTENDI TIENDI OR: Aff Out of bh			hat death accurred at 2 M, fran	, 19, that (I) (we) las n causes and an the date stated abave
OR A) DIRECT DIRECT Bed with			M.D. ATTENDING MED DIRECTOR D	STAFF PHYS. 226. DATE SIGNED
O HOSPITAL OR Page 4 may be 1 O FUNERAL DIRE director, page 3		22c. PHYSICIAN'S NAME (Type)		(City or Town) (County) (Stote)
TO HO Page direct direct		BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OF PUT PAIR PORCE 28.1967 LOUDON PARK	Comptery Ral	(City or Town) (County) (Stote)
VR A15 (4)	t .	FUNERAL DIRECTOR ADDRESS	Med Date	TOU. NEUISTRAKS SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16340 CERTIFICATE OF DEATH 16332 PHYSICIAN: The law remains that the death certificate be executed within 24 hours after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY h. COUNTY Anne Arundel Annapolis MARYLAND Maryland Anne Arundel b CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Arite RURAL and give nearest town) WUAPOLIS yrs. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 702 Tyler Avenue Naval Hospital, Annapolis, Md. YES NO X remove carbon 3. NAME OF Middle 4 DATE Month DECEASED Ella Fogg 12 Mae (Type or print) DEATH burial, cremation, or removal, and in any event, S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER | YEAR IF UNDER 24 HRS **NEVER MARRIED** last perheay) Days Haurs 00T8 Female Cauc. WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physicion c len please during post of working life, even if retired) COUNTRYS Philadelphia, Pa. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME James P. Crawford Agnes Carney (Yes, na, or unknown) (If yes give war ar dates of service) IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Carcinomatosis IMMEDIATE CAUSE (o). Poge 4 may be retained by the hospital or attending physicion. DUE 10 Conditions, if any, which gave 3 Carcinoma breast rise to immediate cause (o), DUE TO stating the underlying cause **DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) CERTIFICATION 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. Nat While factory, street, office bldg., etc.) at wark at work L 21. I certify that (I) (this haspital) attended the deceased fram. . 19____, that (I) (we) last saw the deceased alive an 18 December 1967, and that death accurred at 1859 M, fram causes and an the date stated above 22a. SIGNATURE 226 DATESIGNED DIRECTOR 22d ADDRESS O FUNERAL NAME (Type) NAVAL HOSPITAL ANNAPOLIS MD. BRICKEL LT MC USNR 235 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 236 DATE, THEREOF 23d LOCATION (City or Town) (County) (State) ANNAFOLIS 2Sb. REGISTRAR S SIGNATURE ADDRESS 2Sa REC D BY REGISTRAR



FOR STATE HEALTH DEPT	1		DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
ANAMER DE LENGUE PRANCE DE LENGUE DE DE		16341 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH 16333	
THE PART I DAIRH WAS CASSIBLE FOR THE PA	The second secon	o. COUNTY O OO .	o STATE b COUNTY	
A NAME OF HOSPITAL DR HISTITUTION (If now in house), give street olderes)	delay anii 3 vas. Po rriment	b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give negrest town)	ARden-ON-SeveRN.	
AMANUATE TO STATE THE PARTY TO	1000	d NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street oddress)	d STREET ADDRESS B IS RESIDENCE ON A FARM?	- -
Student School Balto. Md. Is fallers van John W. Fogler Lorraine E. Schaefer Lorraine E. Fogler Same No. Mrs. Lorraine E. Fogler Same No. Is Address N	death e Page with fe with 172 ha	3 NAME OF FIST Middle DECEASED	act 4 D&TF Month Day Year	
Student School Balto. Md. Is fallers van John W. Fogler Lorraine E. Schaefer Lorraine E. Fogler Same No. Mrs. Lorraine E. Fogler Same No. Is Address N	after 18. Givi alang with th	S SEX 6 CDLOR DR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HR	R S
RATUAL SIGNATURE SIGN	4 haurs Item 5 Office Tand2	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b K ND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?	_
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RATUAL SIGNATURE SIGN	ted wi " in pe al Exal iit. File 31, and	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)	Lorraine E. Schaefer Address	
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RATUAL SIGNATURE SIGN	g the stand of the stand to cremo	nse to immediate couse (a), stating the underlying couse DUE TD		
RATUAL SIGNATURE SIGN	certific writin irward irward ased as burial,	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?	
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Photographic part of the remains described obove, held an Autapsy Inspection Inquiry Ond in my opinion death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner ACTUAL SIGNATURE Accident	NER: e certi shaulc files. S shau at, pri	CAUSE OF DEATH. Seew Hack Wo 20c TIME OF INJURY Month Day Year 20d INJURY OCCURRED 20e PI		_
SIGNATURE	XAMI the the ge 4 syour age 3	of work of work	fortery, street, office b dg, etc) AACO AB	
SIGNATURE	AL E executar. Part for Tok: Fignated			on
DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) 230 BUR AL (CREMATION, BURTIAL EXAMINER) BURTIAL 230 BUR AL (CREMATION, BURTIAL EXAMINER) 24. F.INERAL DIRECTOR 25. RECT BY REG STRAR 25. RECT BY REC	Mease directed and present and police and po	ACTUAL	CHIEF MEDICAL EXAMINER 22 DATE SIGNE	ED
Burial 13 1907 Glen Haven Glen Burnie A. A. Co. Md. 24. FUNERAL DIRECTOR 250, REC'D BY REG STRAR 250 REGISTRAR 25	EPUTY Ssary, p funeral ny be ra NERAL th or ith	EXAMINER'S	DEPUTY MEDICAL EXAMINER	
24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REG STRAR 256 REGISTRAR 5 GNATOR	To DE the f	230 BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OF	OR CREMATORY 23d LOCATION (City or Town) (County) (State)	
UNICIPALY II IVE II	VR A15ME (5)	24 F.INERAL DIRECTOR ADDRESS		

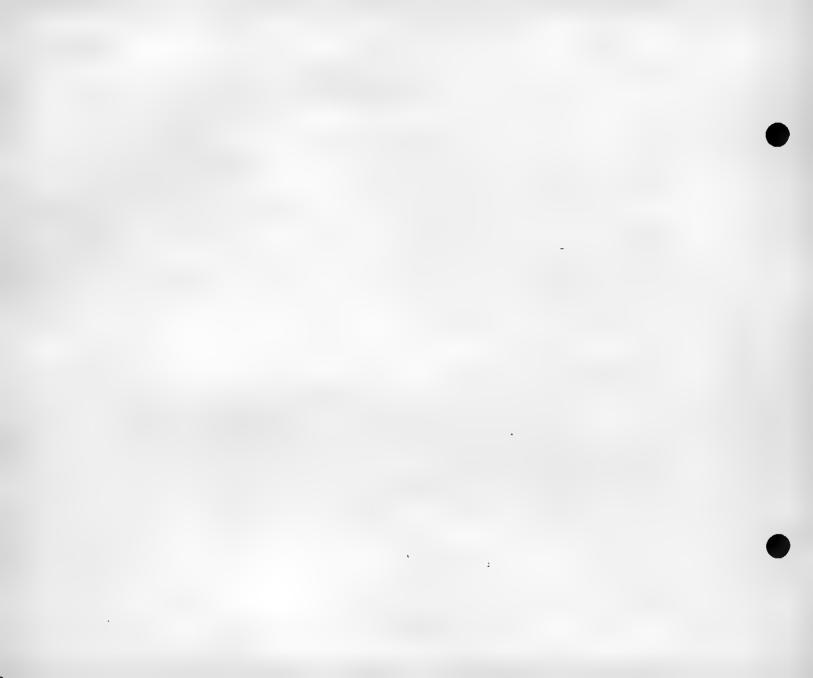


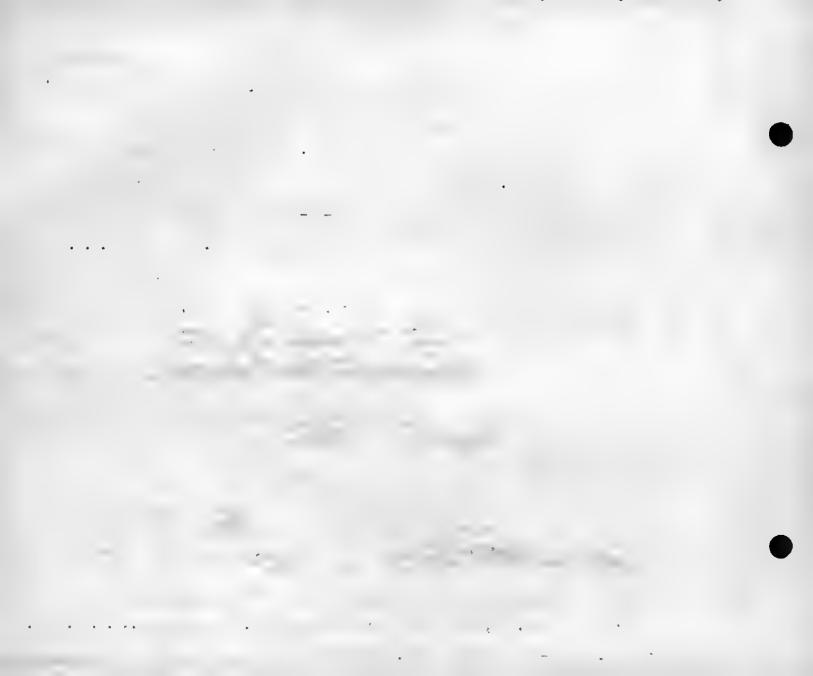


1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution	0225
1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution	6335
o. COUNTY Anne Arunde MARYLAND Maryland	n Residence before admission) Y Anne Arunde I
b CITY OR TOWN (If autside carparate limits, write RURA write RURAL and give negrest town) Annapolis Annapolis	
d. NAME OF HOSPITAL OR INSTITUTION (If not 1) haspital, give street address) d STREET ADDRESS	8 IS RES DENCE ON A FARM?
Anne Arundel General Hospital 1 Shipwright St.	YES NO
3 NAME OF First Middle Lost 4. DATE Month OF OF OF DEATH DECEMBER (Type or print) GAY DEATH December	Day Year 24 19 67
Male White WIDOWED DIVORCED December 24,1967 lost birthday)	Months Days Hours Min
100 USUA, OCCUPATION (Give kind of work done during most of working life even if retired) 10b KIND OF BUSINESS OR INDUSTRY INDUSTRY WARPOLIS Maryland	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME LAILS NAME LIZSON	5
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, orunknawn) (If yes give war ar dates of service) 16 SPICIAL SECURITY NO 17 INFORMANT 17 C. CAY 44 2	
PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) TOTAL	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave (b)	
stating the underlying couse DUE TO lost (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d)	19 WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 1B.)	
20c TIME OF INJURY Month, Doy, Year Hour a m p.m. 19 of work o	(County) (State)
21. I certify that (!) (this haspital) attended the deceased fram, 19, ta	, 19, that (I) (we) lo
saw the deceased alive an19, and that death accurred atM from causes at 220 SIGNATURE	nd an the date stated about 1 22b. DATE SIGNED
MD ATTENDING MED DIRECTOR PHYS	12-26-67
On ABBREE	Ammanalia Me
22c. PHYSICIANS NAME (Type) James E. Wheeler, M.D. 22d. ADDRESS 308 S. Cherry Grove Ave.	, Annapolis, M
MARKET TO A	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16344 CERTIFICATE OF DEATH 16336 ond 2 The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admiss an) -{tunerol PLACE OF DEATH o. COUNTY **b** COLINTY Maryland Anne Arundel MARYLAND b CITY OR TOWN (If autside corporate imits c LENGTH OF STAY IN 1b c CITY OR TOWN (If guitside corporate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) Crownsville Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? papers burial, cremation, or removal, and in any event, within 72 filled Crownsville State Hospital 31 College Creek Avenue YES NO 🔀 3 NAME OF Middle Lost 4. DATE carbon Day Year completely **DECEASED** ÖF (Type or pnnt) DEATH Hattie Green 19 67 S SEX IF UNDER 1 YEAR 6. COLOR OR RACE B DATE OF BIRTH 9 AGE /1-IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED v ears remove last day) Months DIVORCED WIDOWED 7/29/91 yrs 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE punty & State, or foreign contry) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? ottending physicion of sermit Then please INDUSTRY retired Maryland IISA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Thomas Butler
IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, ar unknown) (If yes give war or dates of service) 213-28-9924 Hospital Records, Crownsville Maryland IB. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-tronsit ONSET AND DEATH Cerebral vascular accident IMMEDIATE CAUSE (e) by the hospital or ottending physician. DUE TO Canditians, if any, which gove Hypertension rise ta immediate cause (a), DUE TO stating the underlying couse certificate has been last. Generalized arteriosclerosis PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? Pyelitis chronic brain syndrome NO X 20g ACCIDENT WAS UNDERLYING [20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of tem 18.) OR CONTRIBUTING CAUSE OF DEATH etorhed (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJRY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year (City or Town) (County) (State) Hour a.m. factory, street, office blda, etc.) at wark at wark TO FUNERAL DIRECTOR: After 1967 to 12/ 18 19.67, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from Page 4 may be retained director, page 3 should should be filed with the 1967, and that death accurred at 1:30 M, from causes and an the date stated above. saw the deceased alive on 22b DATE SIGNED 22a, SIGNATURE 12/18/67 DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Crownsville, State Hospital, Maryland Ludwig Renedict 23a_BURIA., CREMATION, DATE THEREOF NAME OF (EMETERY OR (REMATOR) REMOVAL (Spelify) Burno 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR





DIVISION OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should I. PLACE OF DEATH 2. USUAL RESIDENCE (Whata decessed lived, If Institution, Residence before edmission) e. COUNTY L. COUNTY 4 7 p MARYLAND and b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If dutside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Mid. Bumic. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRES e. IS RESIDENCE ON A FARM? YES NO NO NAME OF Middle DATE Last Month Dey Year DECEASED ä (Type or print) DEATH 196 00103 Wand 5. SEX 6. COLOR OR RACE | 7. MARRIED [NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH pug lest birthday) Months Days Hours death certificate event WIDOWED DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY (County & State, or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Janes please .⊑ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending 2 Then requires that the removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I Address 17. INFORMANT of unkown) | (If yes give wer or deles of service) 0 permit. INTERVA. BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). signed by 6 PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (a) burial-fransit DUE TO aftending Conditions, if eny, which gave rise to Immadiate cause **DUE TO** (a), sleting the undarlying the ceusa lest. the hospital or certificate PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY \$ Q CERTIFICATION PERFORMED? prior f NO F YES T 200, ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) After this OR CONTRIBUTING [] CAUSE OF DEATH Health detached (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED : 20s. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) ō fectory, street, office bldg , etc.) While Not While Hour a.m. DIRECTOR: Dept. et work et work p.m. 8 21. I certify that (I) (this hospital) attended the deceased from 10-26..., 1967, to 12-29...... 19.67 that (I) (we) last should saw the deceased alive on 12.20. 19.67, and that death occurred at 7.2M, from the causes and on the date stated above. DATE 22Ь. 22. SIGNATURE **ATTENDING** MED. SIGNED death. Page 4 HOSPITAL PHYS. page with I DIRECTOR PHYS. M.D. 22d. ADDRESS 27c. PHYSICIAN'S NAME (Type) ector, filed NAME OF CEMETERY OR CREMATORY 236, LOCATION (City, BURIAL, CREMATION 23b. 23c. 0 E 늉 **ADDRESS** VR A15



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16347 16339 CERTIFICATE OF DEATH I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Anne Arundel Anne Arundel MARYLAND requires that the death certificate be executed within 24 hours after b CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town)
Annapolis c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 RURAL - Bristol 9 days d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS ON A FARM Rt-416 Anne Arundel General Hospital YES NO 3. NAME OF Middle 4. DATE DOY Year DECEASED (Type or print) OF DEATH 1967 December HALL, Sr. Edward Frank IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9, AGE (In years remove birthday) Hours April 1. 1895 Male Negro WIDOWED DIVORCED Do USLAK OCCUPATION (Give kind of work done IDE KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) INDUSTRY Maryland . 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME ar remayal, INFORMAN 16. SOCIAL SECURITY NO (Yes, no or anknown) lift ves give wor or dates of service crematian, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per Imp for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o attending physician DUE TO signed | burial Conditions, if only which gave (b) use to immediate couse (a), DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) State Dept. of Health NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of snjury in Port 1 or Port 1 of item 18.) 200 ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER' 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) 20c. TIME OF INIURY Month, Doy, Year factory, street, office bidg , etc.) Hour am. TO FUNERAL DIRECTOR: After 21. 1 certify that (1) (IRCARCADA) attended the deceased fram. 19 6 /, to Dec. 28 , 19 67 , that (1) (30t last be retained sow the deceased alive on Dec. 28-19 67, and that death occurred at M, fram couses and an the date stated above. 220. SIGNATURE 22b DATE SIGNED DIRECTOR PHYS directar, page should be filed 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Portland Place, Lothian, Md. Charles H. Wirth, M.D. REGISTRAR S SIGNATURE 25M 1/6



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1634 CERTIFICATE OF DEATH 16340 requires that the death certificate be executed within 24 haurs after death. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p. COUNTY o. STATE b. COUNTY Maryland MARYLAND Anne Arundel b CITY OR TOWN (If outside corporate a mits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Paurs P write RJRAL and give nearest town) 2 Annapolia, Annapolis

d NAME OF AOSPITAL OR INSTITUTION (If not in hospital, give street oddress) filled in papers e IS RES DENCE ON A FARM? 916 Central YES NO 🗔 916 Central 3. NAME OF Middle or tost 4. DATE Month Year Doy DECEASED 10 67 Harrod December (Type or print) William Harris DEATH 19 NMNIF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years IF JNDER 24 HRS lost birthdoy) Days Hours WIDOWED DIVORCED 2-21-1881 Male Negro

10a USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT physician a INDUSTRY COUNTRY Naval Academy Anne Arundel, Md Cook 13. FATHER S NAME 14. MOTHER S MAIDEN NAME burial, crematian, ar removal, Sarah J. Reid Wesley Harris Address Annapolis, Md WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 220-24-8169 Mary E.Swann Harris 916 Central ががけれたが 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c), PARY I DEATH WAS CAUSED BY NTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse State Dept. of Health prior ta has been lost. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO DE O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far w PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 20o ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg, etc.) attended the deceased from SEPT. 28, 1967, to DEC, 10, 1967, that (1) (3) last 21. I certify that (1) (this hospital) director, page 3 shauld shauld be filed with the saw the deceased alive an DFC. 19 67, and that death occurred of 750 M, from causes and on the date stated obove. 22o. SIGNATURE S 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS ATTENDING M.D 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) RICHARD 20 DEAN STREET 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (Stote) REMOVAL (Specify) A.A.Co Md 12-13-67 Brewer Hill Annapolis Burial 24 FUNERAL DIRECTOR VR A15 [4] 25M 1/67 C.E. Hicks, 111 Annapolis, Maryland



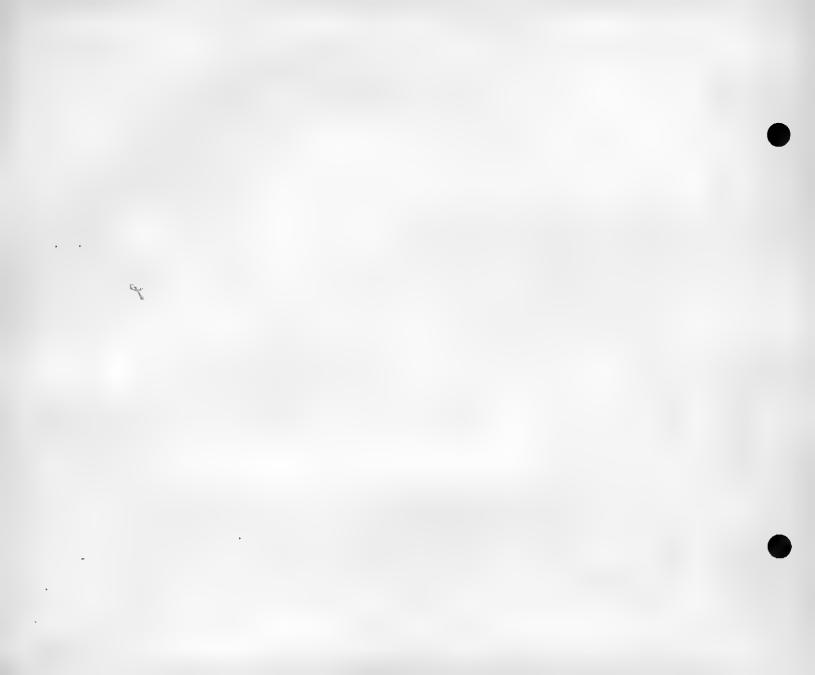
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16343 CERTIFICATE OF DEATH 16341 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived it institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Anne Arundel MARYLAND Marvland b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 15 Annapolis Annapolis
d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e IS RES DENCE ON A FARM? d. STREET ADDRESS Anne Arundel General Hospital 20 Thompson St., NO CADA 3 NAME OF 4 DATE First Middle Last Month Day Year DECEASED
(Type or pant) OF DEATH HERRIES December 67 Ethel 19 burial, cremation, or removal, and in any event, S SEX 6 COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS 7. MARRIED Sast birthday) Months Davs Haurs Female WIDOWED XX Jan. 15, White DIVORCED 100 USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retiged) 106 KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY. COUNTRY? TOMF !!! New York f3. FATHER'S NAME MOTHER'S MAIDEN INFORMANI (If yes give wor or dates of service) INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), signed by the burial-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO stating the underlying couse the of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO Z ō 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, TIME OF .N.J.JRY Month, Day, Year 20d. INJURY OCCURRED (City or town) (Stote) (County) **DIRECTOR:** After this WED. factory, street, affice bldg., etc.) Not While of work Dec. 5. 19 67 that (1) (304 last 21. I certify that (1) this bear of attended the deceased from / 19 67, and that death occurred at 236 PM, fram causes and on the date stoted above. saw the deceased alive an Dec 226. DATE SIGNED ATTENDING DIRECTOR 22c. PHYSICIAN ADDRESS TO FUNERAL NAME (Type) EdwardS. Beck. Franklin St., Annapolis, Md. BURIAL CREMATION 236 DATE THEREOF NAME OF CEMETERY OR CREMATOR) LOCATION (City or Town VR A15 (4) 1967 DAREC 8



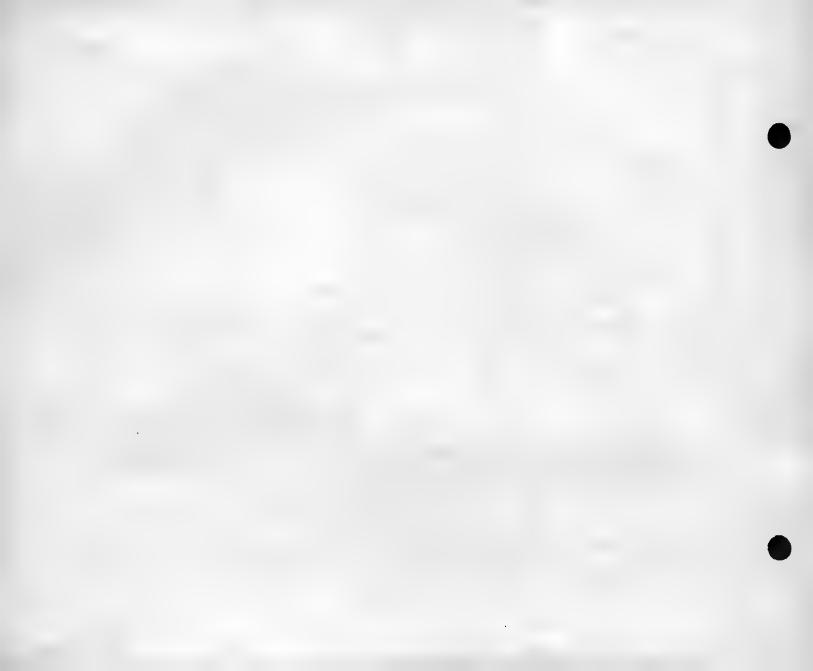
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Anne Arundel Maryland MARYLAND b CITY OR TOWN (If outside corporate fimits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS ON A FARM? Anne Arundel General Hospital 146 Monticello Ave. . YES NO DO 3. NAME OF First Middle Lost 4. DATE Month Dov DECEASED (Type or print) HERRON 19 67 James Robert 20 December DEATH S SEX 6. COLOR OR RACE 9 AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED ACK NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Doys Hours Male White WIDOWED | DIVORCED June 3, 1898 100 LSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) please COUNTRY? North Carolina FATHER S NAME burial-transit permit. Then pl burial, cremation, ar removal, 16 SOCIAL SECURITY NO. INFORMANT/ (Yes, no, or unknown) (If yes give wor, or dollar of service) INTERVAL BETWEEN ONSET AND DEATH 18/ CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DHE TO Conditions, if any, which gove : rise to immediate couse (a), DUE TO stoting the underlying couse 9 925, howa of recum PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? YES X XI NO F certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) **DIRECTOR:** After this Not White factory, street, office bldg., etc.) at work 21. I certify that (I) (this computation at the deceased from Nov. 15, 1967, ta Dec. 20, 1967, that (I) 1000 last saw the deceased alive an Dec. 20 1967 and that death accurred at from couses and on the date stated above. 220 SIGNATURE 22b DATE STONED STAFF PHYS. 2-20-6 MD PHYS DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) 121 Cathedral St., Annapolis, Md. Merton T. Waite, M.D. NAME OF CEMETERY OR CREMATORY **BURIAL, CREMATION** DATE THEREOF FUNERAL DIRECTOR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16351 CERTIFICATE OF DEATH 16343 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) COUNTY a. STATE b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (If autside carparate limits, write RURA, and give nearest fawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Annapolis
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Annapolis d. STREET ADDRESS IS RES.DENCE ON A FARM? Anne Arundel General Hospital 161 Main Street within NO X pou 3 NAME OF Middle Last 4 DATE Month DECEASED (Type or print) Walter Α. HIPKINS and in any event, December 1967 DEATH 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS. last buthday) Manths October 1, 1893 Male White WIDOWED DIVORCED 10a. USUAL OCCUPAT ON (Give kind af work done 11 BIRTHPLACE (County & State or Foreign country) 12 C TIZEN OF WHAT Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remaya 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, ha, or unknown) (If yes give war ar dates of service crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART 1 DEATH WAS CAUSED BY. NTERVAL BETWEEN IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. DUE TO be detached far use as the burial-I State Dept. of Health priar to burial, Conditions, if only, which gave rise ta immediate cause (o). DUE TO stating the underlying cause lost. PART JUDITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Epter nature of injury in Part I ar Part II af item 1B) (IF EITHER, NOTIFY MEDICAL EXAMENER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Haur a.m. Not While factory, street, affice bldg, etc.) 21. I certify that (I) KIMIK Waspital attended the deceased from LINK 1954, to Dec. 31, 1967, that (1) (week last saw the deceased alive an 2/ 196 , and that death accurred at M, from causes and an the date stated above. 22a, SIGNATIBLE L 22b DATE SIGNE DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL director, po NAME (Type) Beck Franklin Street, Annapolis, Edward 230 BURIAL CREMATION. (County) 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 250 REC D BY REGISTRAR 1000



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nd c	100	USUAL OCCUPATION (Give kind of work done	DOWED A DIVORCED 100 KIND OF BUSINESS OR	11, BIRTHPDACE (County & Stote, or foreign cou	yrs 12 CITIZEN-OF WHAT
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g pl g pl a bu		rise to immediate cause (a), DUE TO	5) 1.	Cartina	Year
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OR ATTENDING PHYSICIAL be retained by the haspital DIRECTOR: After this certifica je 3 should be detached fa ed with the State Dept. af H	MEDICAL CERTIFICATION	20c. TIME OF IN.URY Month, Doy, Yeor Hour'o.m.	While Not While facto	E OF IN.URY (Home, form, 20f (City ory, street, office bldg., etc.)	or town) (County) (State)
TTENDING ained by the OR: After 1 nould be dh the State		21. I certify that (I) (this hospital)	attended the deceased from	9/29 1967 ta	12/11, 19 6 7 that (1) (we) last
TTENI ained COR: A hould th the		saw the deceased alive an	12/11 19(5), and that		causes and an the date stated above.
OR AT be retail OR AT Short of the state of		220 SIGNATURE	1/2/2	ATTENDING PHYS. 2 DIRECTOR P	TAFF 22b. DATE SIGNED
L OR DIR DIR illed		22c. PHYSICIANS 72/17	W (L V) MO	PHYS L4 DIRECTOR L P	HYS [] / [///6]
PITAL O I may be ERAL DIB or, page d be filed	L	NAME (Type)	C FRANKY	0 415 SE 14th	is Hay blan Benjas
Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be a shauld be filed with the State	230	BURIAL CREMATION, 23b DATE THEREOF	234 NAME OF CEMETERY OR C	REMATORY 22d LOCATION	(Cty or Town) (County) (State)
U/7	24	FUNERAL DIRECTOR	ADDRESS	250 RECD BY REGISTRAR UF C 1 3 15	25b REGISTRAR S SIGNATURE
VR A15 (4) 25M 1/67		Illeam Beese	Helena In	DATE DEC 13 18	101 fluorles Juage



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16353 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USBAL RESIDENCE (Where deceased lived, if institution Residence before odenission o. COUNTY o. STA'N b. COUNT MARYLAND CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR-TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest tawn) e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) STREET ADDRESS YES NAME OF Middle DATE First Month Doy Year (Type or print) OF DEATH and in any event, 9. AGE (In years S SEX JF UNDER 6" COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7 MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT OCCUPATION (Give kind of week done 11. BIRTHPLACE (County & State, or foreign country) ducing most of working inte, even if retiped / CLILLA INDUSTRY 13. FATHER'S NAM 14 MOTHER'S MAIDEN, NAME ar remayal, IS. WAS DECLASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit, (Yes, nb, oil unknown) (It was give wor or dates of service) burnal, crematian, 18 CAUSE OF DEATH (Enter only one couse per fine for (o), (b), and (c))
PART 1. DEATH WAS CAUSED BY:
Arterios INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic Hear t Disease IMMEDIATE CAUSE (6) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. DUE TO Generalized arteriosclerosis Conditions, if ony, which gove ? 1956 rise to immediate cause (a), DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NOXX ficate Previous Coronary Thrombosis 1956 PHYSICIAN: 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH After this certr (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year Hour 'o.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While of work of work 21 I certify that (1) (this hospital) attended the deceased from July 19 66 to Dec. 19 6 7, that (1) (we) las sow the deceased alive on Nov. 19 67, and that death accurred at 5A M, from causes and on the date stated above 22b DATE SIGNED 67 22o. SIGNATURE ATTENDINGXXX STAFF PHYS. MED DIRECTOR 222 director, page 3 shauld be filed v M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S ID FUNERAL Severna Park, Maryland NAME (Type) Francis I. Codd M.D. 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF (County) ADDRESS INFRAL DIRECTOR VR A15 (4) 25M 1/67



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2	1201
FOR STATE	16354 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	100/0
HEALTH DEPT.	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed ved, f	institution Residence before admission)
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encil min pog	Hapold L. HUNT Ruth Cuke	
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cuter ng" dicol irmit. him 7	(Yes, no, or unknown) (If yes give wor or dates of service) 212-42-6858 Harris L Lint Anti	1 pc 113 - 15-01
hould be executed within 24 hours of word "pending" in pending the Chief Medical Exominer's Office aurial-tronsit permit. File pages I and 2 wany event within 72 hours after death	18 CAUSE OF DEATH (Enter on y one couse per line-for (o) (b), ond (e) PART DEATH WAS CAUSED BY	INTERVAL BETWEEN ONSET AND DEATH
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ple ple retrement	SIGNATURE / Leve Suevell MD ASS STANT MEDICAL EXAM NER	22. DATE SIGNED
DEPUTY MEDIL. scessary, please e e funerol director may be retained FUNERAL DIRECT	EXAMINER'S NAME (Type) EXAMINER Address (Street, city town, or county)	1. 1. (7
O DEPUTY MEDITAL EXAM necessary, please execute the fractor director. Page 45 may be retained for your 5 FUNERAL DIRECTOR: Page Hea ith prior to buriol, cremo	NAME (Type) Address (Street, city town, or county) 230 B, P AL, CREMA ON, 23b DATE THEREOF. 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (Cit	y or Town) ((ounty) (State)
10 To The The	(DIMOVA Specify) 12/22/67 St 100000 LNNA	Dis LA Id
VR ATSME (5)	24 FUNERAL DIRECTOR ADDRESS 2 250 RECD BY REG STRAR	256 REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16355 17885 CERTIFICATE OF DEATH by the funeral Pages V and 2 hours after death DECEASED NAME First Middle Lost 2a. DATE OF DEATH 2b HOUR requires that the death certificate be executed within 24 hours after death. (Type or print) Menth / 29 Day Albert Jacobs 1:3DM 6. AGE (In years lost bigthday) 3 SEX 4 RACE S DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS ? **DEUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the fu director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1, should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after Male White DAYS 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9 COUNTY OF DEATH B MARRIED NEVER MARRIED country) Pennsylvania USA Anne Arundel DIVORCED [WIDOWED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give treet oddress) ville State Hosp during mast af working life, even if retired) INDUSTRY Crownsville 13a USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Mary Land 13b. COUNTY YES 🔽 Baltimore 208 E. Baltimore Street 14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle K Jacobs Charles Margaret ? 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes po or unknown) 188-20-2558 Hospital Records, Crownsville, Maryland IB. CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c))

PART I DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) Cardio vascular accident(right hemiplegia) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) arteriosclerotic hypertension with vascular disease. rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o AUTOPSY? CAUSES OF DEATH? YES [NO 12 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town State County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 1401, 19 6/to 12/29, 19 6/, that (I) (we) last saw the deceased alive an 12/29 19 67 and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED STAFF PHYS ATTENDING DEGREE 12/29/67 DIRECTOR PHYS 22. ADDRESS Crownsville State Hospital, Maryland 22d PHYSICIANS Hildagarde Reissman, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230 BUR-AL, CREMATION, 23b DATE 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Anatomy Board of Md. 0 250. RECT BY REGISTRAR 1988. REGISTRAR'S SIGNATURAL DATE JAN 15 1988 24 FUNERAL DIRECTOR ADDRESS

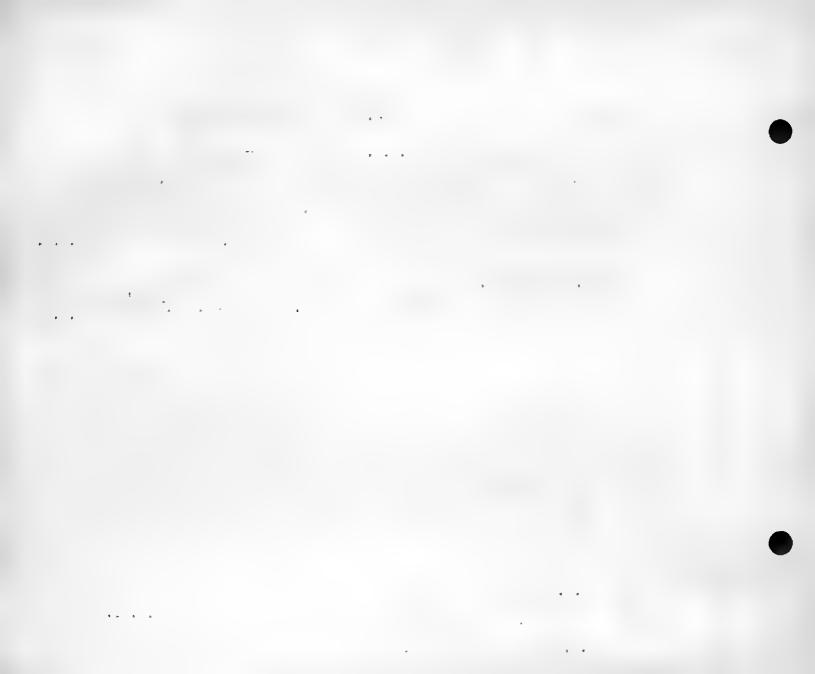
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16359 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admiss op) o. COUNTY o. STATE b. COUNTY Anne Arundel Maryland MARYLAND by m. Roges b CITY OR TOWN (If autside corparate timits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Elkridge Linthicum Heights d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? Ξ d. STREET ADDRESS popers filled 407 Medora Road 5502 Main Street NO TX buriol, cremotion, or removal, and in any event, within Middle 3 NAME OF First Lost 4 DATE Manth remove carbon Year completely DECEASED 0F 12 26 1967 S. Janson (Type or print) Bessie DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years 7. MARRIED NEVER MARRIED lost Suchdoy) Months Dovs Hours Min. 7/12/87 Female WIDOWED & DIVORCED | White 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) affending physicians a second in please r during most of working life, even if retired)
Housewife COUNTRY? INDUSTRY Maryland USA 13 FATHER'S NAME 34 MOTHER'S MAIDEN NAME William L. Rigby Sallie E. Geddes AddresLinthicum Hghts. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) Mr. Charles J. Janson, 407 Medora Rd.21090 None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) the transit "ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. **DUE TO** buriol Conditions, if any, which gave rise to immediate couse (a). **DUE TO** stoting the underlying couse this certificate hos been be detached for use as the State Dept, of Health prior to 19 WAS ALTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION NO ~ 200 ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c, TIME OF N.LRY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour om foctory, street, office bldg etc.) While Not While of work ot work 2) I certify that (1) (this haspital) attended the deceased from OCF 19 19/7/8 to /2/ 19_6) that (1) (we) last director, page 3 should should be filed with the , and that death accurred of *QAM*, from causes and on the date stated above FUNERAL DIRECTOR: saw the deceased alive an_ 220. SIGNAFURE 22b DATE SIGNED STAFF DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Benjamin Berdann 615 Hammonds Lane A. A. Co. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIA, CREMATION (County) (Stote) 23p REMOVAL (Specify)
Burial Md. 12/29/67 Baltimore Loudon Park Cemetery 2 24 FUNERAL DIRECTOR ADDRESS 2Sp. REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) Howard H. Hubbard Funeral Home, 4107 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16357 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16348 FOR STAT USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. CDUNTY o STATE Maryland b COUNTY Anne Arundel de by is and 3 to Page Anna Arundel MARY, AND b City OR TOWN (flouts de corporate 1 mits, C JENGTH OF STAY N 1b c CITY DR TDWN (If outside corporate imits write RURAL and give nearest town) 7, u P.M3 pup write RURAL and give neorest town) Mins. Rural - IOTHIAN d NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE Office o ong with farm DN A FARM? n Item 18 Give Poges YES VOTO Anne Arundel General Hespital D.O.A. Route 1 - Box 17 3 NAME OF 4. DATE Farst Month Year DECEASED (Type or print) OF DEATH JOHN SON 113 Dec. 10 19 67 JAMES TO BE SEED! 9 AGE (n years lost birthdoy) RE UNDER I YEAR FUNDER 24 HRS 6 COLOR DR RACE B DATE OF 8 RTH 7 MARRIED Hours Aug. 22-67 any event within 72 hours ofter death Male Negre 11 BiRTHPLACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done TOB KIND OF BUSINESS OR 12 CIT ZEN DE WHAT COUNTRY? S.A. during most at working the se too of seturation Calvert Co. Maryland in penal in 1 Examiner's (13 FATHER S NAME 14 MOTHER S MA DEN NAME Gladys Jenkins Johnson (Yes, no, or unknown) (If yes give wor or dates of service ADTHUMS. MARYLAND 17 INFORMANT 16 SOCIAL SECURITY ND e, writing the word "pending" i forworded to the Chief Medical James W. Johnson Jr. Rt.1-Bex173 NICAYAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per ne for (o)_(b), onc (c).) burial-tronsit PART I DEATH WAS CAUSED BY 4-93 X Reagle DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse 0 last. 19 WAS AUTOPS)
PERFORMED? removol, PART II DTHER SIGNIFICANT CONDITIONS (DATRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 110) ND 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) 3 should PRIMARY I or CONTRIBUTING I prior to buriol, crematian, or CAUSE DE DEATH. MEDICAL 20e PLACE DE INJURY (Home, farm ((ty or town) (County) 20c. TIME DF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page Not While of work 21. 1 certify that Ltook charge of the removes described obove, held on Autopsy ... Inspection and in my opinion Natural couses . Surcide [], Undetermined monner Accident deoth resulted from Hom cide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER O DEPUTY DEPUTY MEDICAL EXAMINER 5 may TO FUNE Health Address (Street, city town or county) E.G. LINHARDT 23d LOCAT DN (City of Town) 23c NAME OF CEMETERY OR CREMATORY (C nty) 230 BURIAL CREMATION Burial (Specify) MOSES Maryland Dec. 12-67 ADDRESS 250 REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A 15ME (5 Marles C.E.Hicks Ill Annapolis, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



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death. Page death. Page director, pag be filed with	23e. BURIAL, CREA	MATION, 235. DATE THE	ZSC, NAME C	A CHARLESENS ON	CREMATORT .	13 70 77	(4.17)	7.01 40 am//	17



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(A A)		1635	}		CERTIF	ICATE	OF DEATH			1 1	6350
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Rages 1 and 3 should be filed with the State Dept of Health prior to burial, cremotion, or removal, and in any event, within 12 hours ofter bears.		PLACE OF DEATH O COUNTY AN	HE ARUNDEL		MARY	LAND	2 USUAL RESIDENCE (VIRG		l lived, if institu b. COU	tion Residence	
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ne deoth cel ottending p permit. The ion, or remo		es, no, or unknown)	INUS ARMED FORCES? (If yes give wor or dotes of 23Mar66-9D	of service)	0-66-6533		NFORMANI icial milit	ary re	Addi cords	ress	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16360 16351 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) 30 me d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM BCH. YES NO 4 NAME OF DATE Year Doy DECEASED 0F 31 burial, crematian, ar remaval, and in any event, 19 6 (Type or print) DEATH S. SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Doys WIDOWFD DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, eyen if reticed) INDUSTRY. attending physician termit. Then please hugenny 13. FATHER'S NAME MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates of service) CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH al-transit Coronery IMMEDIATE CAUSE (a) þ Page 4 may be retained by the Laspital ar attending physician. DUE TO Conditions, if any, which gave nse ta immediate cause (a), DUF TO stating the underlying cause State Dept. of Health prior to as the last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIF, CATION NO / 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (Crty or town) 20e, PLACE OF INJURY (Hame, form (State) 20c TIME OF NIJRY Month, Day, Year 20d. INJURY OCCURRED (County) Haur o.m. factory, street, affice blda. etc.) Nat While at wark at wark 1965 to Dec 3/ 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from Zel-. 1967, and that death accurred at 11.30 M, from causes and on the date stated above. saw the deceased alive an Dec 31 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MD PHYS DIRECTOR director, page shauld be filed 22d ADDRESS 212116 22c. PHYSICIAN'S O HOSPITAL FUNERAL NAME (Type) Harforn Kd 23d LOCATION (City or Town 23b. DATE THEREOF 23a BURIAL, CREMATION REMOVAL (Specify) 250. REC'D BY REGISTRAR FUNERAL DIRECTOR



√∆ 1 I	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	16361 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16353
HEALTH DEPT	PLACE OF DEATH O COUNTY A. A. CO MARYLAND 2 USUAL RESIDENCE (Where deceosed lived funstitution Residence before admission) O. STATE M.D. COUNTY A.C. MARYLAND
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5 4 6 111	d NAME OF HOSPITA. OR NSTITUTION (If not a hospital, give street oddress) D.O. 1-NUR II. ARCUID OI L. Reliable Compared
after death. If a Give Pages 1, along with form with the State De	3 NAME OF First Middle osl 4 DATE Month Doy Year OF OF OF DECEASED (Year OF DEATH /2 7 1967
hours after deoth Item 18 Give Pagi Office along with Iond2 with the Sto er deoth.	5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF RTH 05 OST BUILDOON OF HOUSE MIN MONTHS DOYS HOUSE MIN MONTHS DOWN HOUSE MIN
with n 24 hours a pencil in Item 18 caminer's Office a le poges Iond2 w hours offer deoth.	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sign Artist Solf Employed 14 MOTHER'S NAME 15 FATHER'S NAME 16 KIND OF BUSINESS OR INDUSTRY Pennsylvania 17 CITIZEN OF WHAT COUNTRYS A 18 MATTHER'S NAME
d with n 24 in pencil in Examiner's Exile poges 2 hours offer	George W. Kelley Reath Mays
oxecuted wit naing" in pe Medical Exan permit File within 72 hai	fs WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO (If yes give wor or dotes of service) 17. INFORMANT Address Mrs. Agnes C. Kelley Rt.11 Box 61 Pasadona
INER: This certificate should be executed within 24 hours after death. If e certificate, writing the word pending" in pencil in Item 18 Give Pages 1 should be forwarded to the Chief Medical Examiner's Office along with form fles. 3 should be used as a buriol-transit permit. File pages land 2 with the State Diton, ar removal, and in any event within 72 hours ofter death.	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underfying couse (c) [b] DUE TO [c]
This certificate, writing be forward I be used or removal, o	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL D SEASE CONDITION G VEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? YES NO
INER: This is certificate, should be for fles. 3 should be to a should be to the certificate.	PERFORMED? YES NO 206 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH PRIMARY OF CONTRIBUTING CAUSE OF DEATH
	20c T ME OF INJURY Month, Doy, Year Hour a.m 20d INJURY OCCURRED While of work of two
AL YES	21 f certify that I took charge of the remains described obove held on Autopsy, Inspection, Inquiry, ond in my opinion deoth resulted from that causes, Accident, Suicide, Homicide Undetermined mariner
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TO DEPUTY necessory, the funeral S may be TO FUNERAL Medith price	NAME Type) Address (Street city town or county) 230 BUR AI (REMATION, REMOVAL (Specify) Buriel Address (Street city town or county) 23d OCATION (City or Town) Conty) (Stote) Conty Co
VR A15ME (5	23 ELNERA D RECTOR ADDRESS 250 REC D BY REGISTRAR 256 RELIGIANT STANDARDE MCCully Funeral Home 237 Patapace Ave. 21225 DATE DEC 1 1 1967 Clearly Sudge.

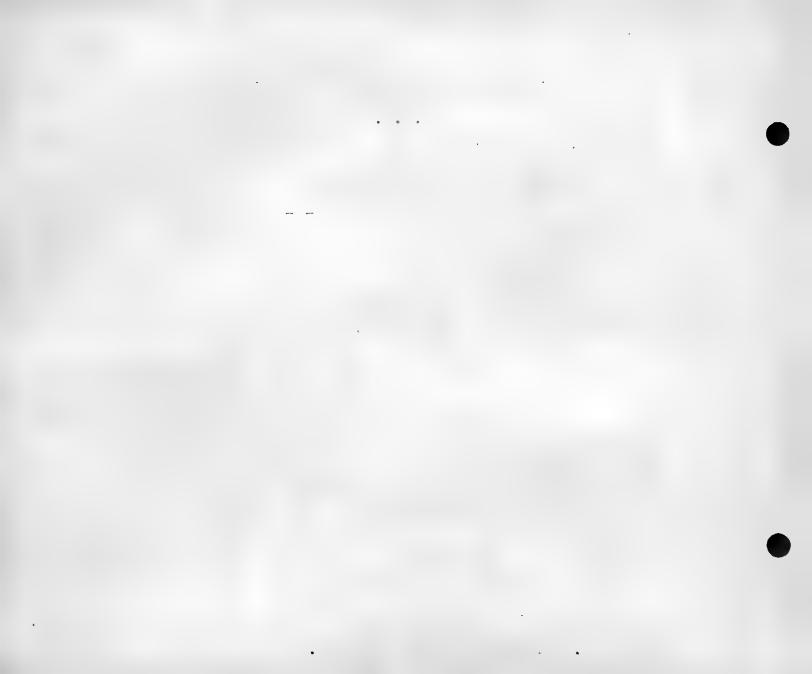


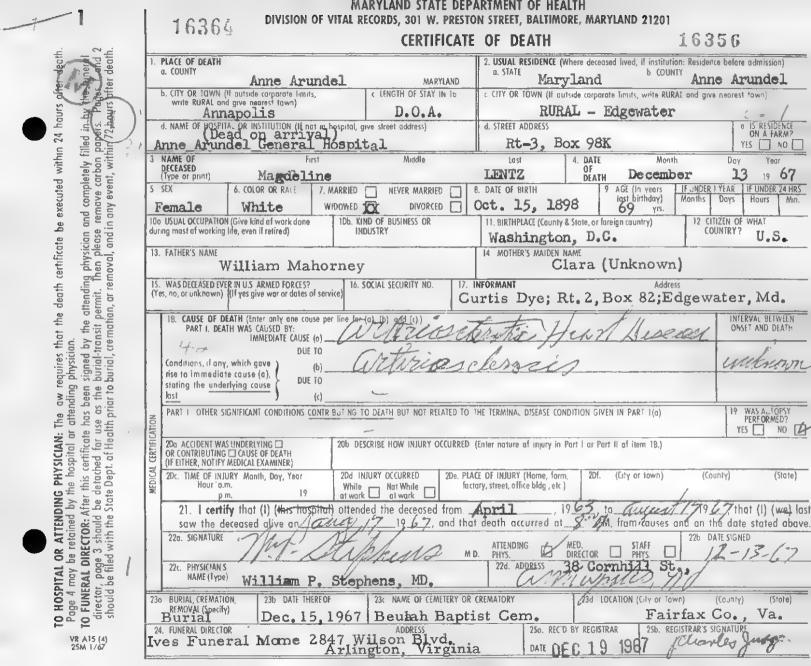
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16362 CERTIFICATE OF DEATH 16354 The law requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH p. COUNTY b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimere Suburban 18 yrs. Baltimere Suburban d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE d STREET ADDRESS .⊑ papers ON A FARM? 906 Victory Ave. 906 Victory Ave. YES NO X and in any event, within NAME OF Last DATE Year remave carban OF DEATH DECEASED Ella E. Lanham Dec. 10 19 67 9 AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED X NEVER MARRIED 70 (in years Months Hours Female White June 26, 1888 WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? INDUSTRY attending physician permit Then please Name Baltimore, Mi. 13. FATHER'S NAME burial, cremation, ar removal, William J. Ford Ella Grant IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no or unknown) (If yes give war or dates of service) 4713 Meist Drive (21206 Mr. John Sedlmaver None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH Hypertensive cardio-vascular literate IMMEDIATE CAUSE (o) _ **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. 4000 DIJE TO Conditions, if ony, which gove 1 Generalized arterio-sclerotic heart rise to immediate couse (o), disease DUE TO stoting the underlying couse this certificate has been be detached for use as the State Dept. of Health prior ta Senile dementia 19. WAS AUTOPS)
PERFORMED? PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO A 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e, PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED Hour o.m. foctory, street, office bldg, etc.) Not While ot work FUNERAL DIRECTOR: After of work e (1966, to 600 10, 1967, that (1) (we) last director, page 3 shauld should be filed with the saw the deceased alive an. 22b. DATE SIGNED 22n SIGNATURE ATTENDING PHYS. STAFF PHYS. Dec. 11, 1967 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Rubin Samuel 201 E. Patansce Ave. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY . 23d LOCATION (City or Town) (County) BURIAL, CREMATION, Ritchie Hwy. A. A Dec. 13, 1967 Cedar Hill Cemetery 2 25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR George J. Gonce LOO1 Ritchie Hwyl (21225)



1	1	1	DIVISION OF VITAL RECORDS 301 W PRES	EPARIMENT OF HEALTH STON STREET, BALTIMORE, MARYLANI	21201
7	_ 8 -		16363 CERTIFICAT	TE OF DEATH	16355
-	de de de		LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived	
1	T SAZ		Anne Arundel Maryland	a STATE Maryland	Anne Arundel
	offer after	-	CITY OR TOWN (if outside carparate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limit	
	Si Da E	G	len Burnie D.O.A.	Severna Park	,
	E ! [# 2]		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e S RESIDENCE ON A FARM?
	pod a pin 72	N	orth Arundel Hospital	594 Manor Road	YES NO X
	if ye is	3	IAME OF First Middle	Lost 4, DATE	Month Day Year
	a w erel orbc		IVPE or pnnt) Herbert	Lappe DEATH	12 31 1967
	complicated y ever	S.	EX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE	In years IF JNDER YEAR IF UNDER 24 HRS.
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	ond ond in on	100	JSJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, or foreign co.	Ontry 12 CITIZEN, OF WHAT COUNTRY?
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	iky Co	13.	FATHER'S NAME O	14. MOTHER'S MAIDEN NAME	4 00 1
	mov mert		Henry Japas	Elizabeth	fillila
	e death certificate b ottending physicion sermit. Then please on, or removol, and		WAS DECEASED EVER/IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, pager unknown (If yes give war ar dates at service)	7 INFORMANTO	Address
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	the sit production		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY:	ieulas Laikure	ONSET AND DEATH
	quires tho physicion. signed by burial-tran burial, crer		MMEDIATE CAUSE (o) PUE TO DUE TO		, craces,
	ysical ysical med rial- riol,		Canditions, if any, which gave) (b) (Cent)	to Earling Infance	tim kour.
	sig phone		rise to immediate cause (a). Stating the underlying cause	· · · · · · · · · · · · · · · · · · ·	
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	and a state of the	18			YES NO X
	YSICIAN: ospital or certificate hed for u	CERTIFICATION	200 ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRE	ED (Enter nature of injury in Part I or Part II of i	tern 18)
	rspir sepil red t. of		OR CONTRIBUTING CITAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	PHY the hother this detocl	MED CAL	20c TIME OF INJURY Manth, Day Year 20d INJURY OCCURRED 20e F	PLACE OF INJURY (Home, form 20f (C*y) foctory, street, affice bldg , etc.)	ar tawn) (Caunty) (State)
	NG X th	差	p.m. 19 at work at wark		
	ATTENDING stained by th CTOR: After 1 should be de		21 I certify that (1) (this hospital) attended the deceased from		kec 5/, 1969, that (1) (we) last
	OR:			hat deoth occurred at 41 AM, from	couses and an the date stated above
	reference with with with with with with with with		220. SIGNATURE	MD PHYS PHYS DIPECTOR TO	STAFF 22b. DATE SIGNED
	L OR be r be r ber ge 3		22c, PHYSICIANS	22d ADDRESS	PHYS 4 1451/6-7
	Poge 4 may be retained by the hospital or attending physicion. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transpould be filed with the State Dept. of Health prior to burial, cree		NAME (Type)	V 425 SE 14	telue Huy- then being
	HOS Fector	230	BJRIAL, CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 230 LOCATION	(City or Town) (County) (Start)
	2000年春人	1	FUP IT I POUR THEARDS	wrides for	su sur
	VR A15 (4)	7	-ONTERAL DIRECTOR Franch ADDRESS	253 AKP BY R4 51968	ZIONES Judge
	25M 1/67	K	obert S. Barranco Severna Park	, Md . DATE	<i>U U U</i>

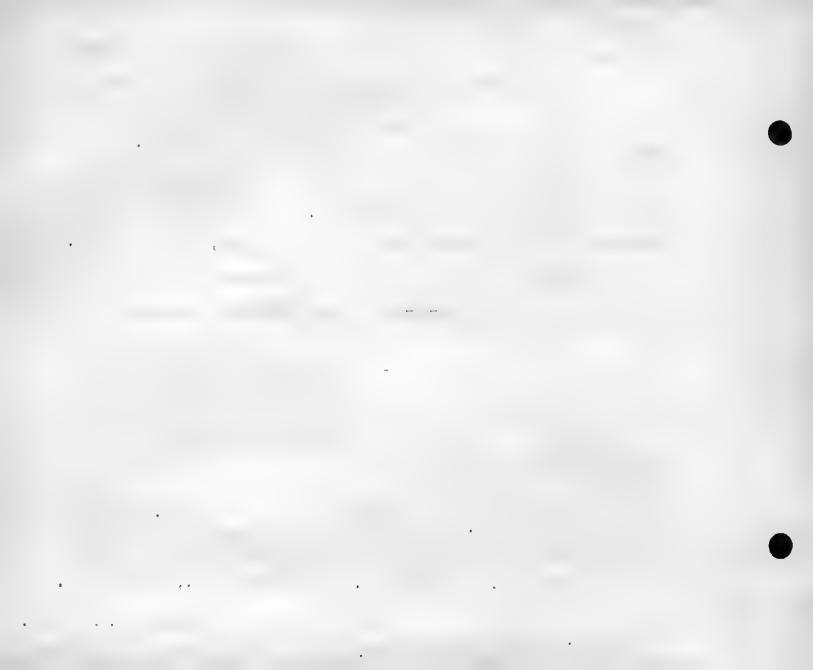
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16365 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b COUNTY Anne Arundel Anne Arundel Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Annapolis c LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis signed by the attending physicion and completely filled in bburial-transit permit. Then pleose remove corbon papers. , burial, cremotion, or removal, and in any event, within 72 hal d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Anne Arundel General Hospital 123 Cathedral St. YES NO X 3 NAME OF Firs! Middle Last 4 DATE Month Doy Year DECEASED OF DEATH LEVY 19 67 15 (none) December Joseph (Type or print) 9 AGE (In years S. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours White Male WIDOWED Oct. 5, 1886 DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) **INDUSTRY** COUNTRY? Baltimore City, Maryland
14 MOTHER'S MAIDEN NAME proprietor retail dress 13. FATHER'S NAME David Levy unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service) Rose Goldberg Levy - same as #2 above no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).

PART I DEATH WAS CAUSED BY INTERVAL BETWEEN DNSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Land Oleger Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the prior to l hos been PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? **FUNERAL DIRECTOR:** After this certificate ho director, page 3 should be detached for use should be filed with the State Dept. of Health is YES T NO 200. ACC DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20k. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (State) Not While factory, street, office bldg., etc.) at work at work 19 to Dec. 15 , 1967 , that (I) (203) last 21 I certify that (I) (this position attended the deceased from. Poge 4 may be retained by Poge 4 may be reta saw the deceased alive on 1 Dec. 15 19 67, and that death occurred at M, from couses and on the date stated above 9:38 AM ISIGNATURE! 22b. DATE SIGNED 220 DIRECTOR M.D. 22d ADDRESS 42c. PHYSICIANY NAME (Type) Stephen B. Hiltabidle, M.D. 121 Cathedral St., Annapolis, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Kneseth Israel Cemetery | Anna | Anna | 250. REC'D BY REGISTRAR 12/17/67 2 Md. Burial Annapolis 24 HUNGRAL QUECTOR E. Hopping HOPPING FUNERAL HOME Hopping / VR A15 (4) Menulas Judge - Annapolis, DATE DFC 25M 1/67





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16367 CERTIFICATE OF DEATH 16359 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o. COUNTY o. STATE b. COUNTY Anne Arundel MARY! AND Maryland Anne Arundel b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) requires that the death certificate be executed within 24 hours Annapolis Annamolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RES DENCE ON A FARM? Alled A Anne Arundel General Hospital 23 Acorn Drive NO-YES NAME OF Middle 4 DATE Month Dov Year DECEASED (Type or print) 16 6 ついでした。 100 DEATH 6 COLOR OR RACE IF UNDER 1 YEAR 7 MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS **NEVER MARRIED** lost birthdoy) Months Dovs Hours and in any WIDOWED DIVORCED female CALS. Sept. 1918 ond 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** wholesale auto parts secretary s Mary land
14. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME ar remaval, attending phys Joseph Stubbins Marian Summers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Walter E. loveless - same as #2 579-18-5735 cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN signed by the burial-transit PART I, DEATH WAS CAUSED BY RUELLIA IMMEDIATE CAUSE (o) DUE TO BSTRUCTION, 3 MALL BOWEL Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse peen he Trusiue squathous cell careinouin lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM MAP DIPLASE CONDITION GIVEN IN PARTIES TO THE PARTIES OF THE PARTIES ME TASTE DERFORMED? has 10 FUNERAL DIRECTOR: After this certificate ğ 200, ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (home, form, (City or fown) (County) (Stote) Hour to.m. foctory, street, office bldg . etc.) Not While of work 2] I certify that (1) (this hospital) attended the deceased fram MARCH, 1967 1967, that (1) (m) last 4 may be retained saw the deceased alive an Dr. 22 19(27), and that death accurred at 0 M, from causes and an the date stated above. 220 SIGNATURE 22h DATESIGNED ATTENDING STAFF director, page 3 should be filed v M.D. PHYS DIRECTOR 22c. PHYSICIAN S NAME (Type) OBB 2 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23b. DATE THEREOF LOCATION (City or Town) (Stote) Burial (Specify) Dec. 27.1967 Hillcrest Memorial 250 REC D BY REGISTRAR'S SIN Hopping VR A15 (4) 25M 1/67 DATELEC FUNERAL HOME - Annapolis



/ 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1 112	1.6362	6369
requires that the death certificate be executed within 24 hours after death a physician. I signed by the attending physician and completely filled in by the funeral-suburial-transit permit. Then please remove corban appears Pages 1 and 2 burial, cremation, or removal, and in any event, within 72 hours after death	1. PLACE OF DEATH O. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution Residence or STATE Medical County or STATE Med	e before admission)
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that the an. by the ransit p	18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Court My Teard of information	INTERVAL BETWEEN ONSET AND DEATH
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25 ± ± 5 €	Haur a m 19 While at wark at wark 21 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	, that (1) (we) lost
OR ATTENDING be retained by th DIRECTOR: After t je 3 shauld be d ed with the State	spy the deceased alive on 12/12/6) 19 , and that death accurred at 3 2 M, fram causes and an th	
AL DIRE	221 PHYSICIANS NAME(Type) REPRESENTED TO THE PHYSICIAN S 1220 ADDRESS 3 S 2 7 PA N N A 0 PO 2 (5)	, RB Balazy
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld should be filed with the	23g EURIA. CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town)	(County) (Stote)
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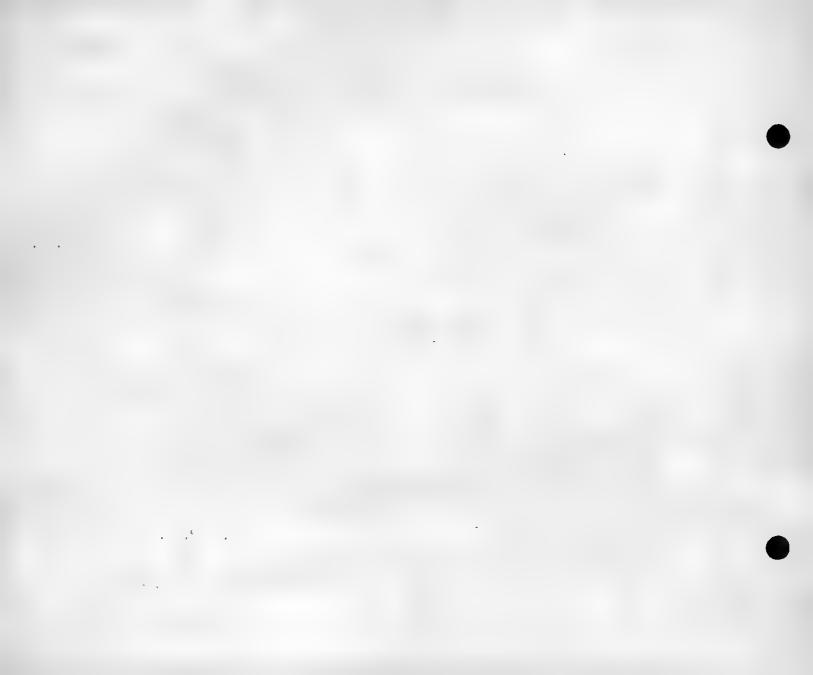


71	MARYLAND STATE D Division of STATISTICAL RESEARCH AND RECORDS, 34	DEPARTMENT OF HEALTH OI W. PRESTON STREET, BALTIMORE, MAR	RYLAND 21201
1	16363 CERTIFICAT	TE OF DEATH	16361
24 hours affer death death by the lune of the pers. Pages I and 2 rizzhours after death	PLACE OF DEATH o COUNTY Anne Arundel MARYLAND b (TTY OR TOWN (If autsde corporate limits, write RURAL and give neorest town) Glen Burnie d NAME OF HOSPITAL OR MST TUTION (If not in hospital, give street accress)		OUNTY RURAL and give nearest town) Let's RESIDENCE
filed at the Popers.	North Arundel Hospital	RFD, Box 263	VES NO
with stely in a subon it, with	3. NAME OF First Middle DECEASED (Type or print) Don Richard N		nber 17 Doy Year
equires that the deoth certificate be executed within 24-hours after-physician. signed by the attending physician and completely filled apply the butial-transit permit. Then please remove carbon papers. Bages butial, cremotian, ar removal, and in any event, within 72-hours after	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 100 LSUAL OCCUPATION (G.ve kind of work done during most of working life, even if relired) Truck Driver - SEVIand Transf	B DATE OF BIRTH 7-30-10 9 AGE (In year. last burthday 57 yr. 11. BIRTHPLACE (County & Stole, or foreign country)	F UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min 12 CITIZEN OF WHAT COUNTRY? TT S A
ie deoth certificate be ex attending physician and permit. Then please rem ion, or remavol, and in an	(Yes, no, prunknown) (If yes give wor or dates of service)	34 771 2 0 1 1	ddress
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within etained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely this should be detached far use as the burial-transit permit. Then please remove carbon parith the State Dept. of Health priar to burial, cremotian, or removal, and in any event, within	PART I DEATH WAS (ALSED BY IMMEDIATE CAUSE (o) LY LY 3 X DUE TO Conditions, if ony, which gove nse to immediate cause (o), stating the underlying couse lost. DUE TO (c)	hemorrhage. Cardiovascular	Usless ONSET AND DEATH
AN: The Land of a cate has land a cate has land a cate a c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)	19. WAS AUTOPSY PERFORMED? YES NO
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IG PHY the ho rr this c detach ite Depl		LACE OF INJURY (Home, form, 20f (City or town octory, street, office bldg, etc.)) (County) (State)
TO HOSPITAL OR ATTENDING PHYSICIAN: The low rapoge 4 may be retoined by the hospitol or ottending TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to	220 SIGNIFURE	nat death occurred at 1. 40AM, fram caus MED. STAFF PHYS. DIRECTOR PHYS.	es and an the date stated above
SPITAL OR 4 may be r VERAL DIRE for, page 3 Id be filed w	22c PHYSICIAN'S NAME (Type) Edmond I. Moushabek	22d ADDRESS 510 Marley Static	
TO HOSPITAL Page 4 may TO FUNERAL I director, pag should be fil	230 BURIAL (REMATION, REMOVAL (Specify) 23b, DATE THEREOF 23c. NAME OF CEMETERY OF CEMETER	0.7	
VR A15 (4)	24 FUNERAL DIRECTOR ADDRESS Air kley Funeral Homom Glan Burnie Mi	250. REED BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF 16370 16362 puo 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) PLACE OF DEATH unero o. COUNTY a. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND requires that the death certificate be executed within 24 hours ofter b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA; and give nearest town) Annapolis Annapol is d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS NO X Anne Arundel General Hospital 168 Green Street YES and in ony event, within 3 NAME OF Middle 4. DATE Month Doy Year Lost DECEASED (Type or print) December Katie Rell MARSHALL DEATH 9. AGE (in years lost birthdoy) IF LINDER 24 HR S SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** 8. DATE OF BIRTH Months Dovs Hours DIVORCED 18, 1890 WIDOWED X November White Female 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (County & State or foreign country) physicion o COUNTRY? during most of working rife, even if retired) **INDUSTRY** Maryland U. S. HOMF 13. FATHER'S NAME MOTHER'S MAIDEN NAME burial, cremotion, or removal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN (Yes, no, or unknown) (If yes give wor or doles of service PART I DEATH WAS CAUSED BY

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FUNERAL DIRECTOR VR A15



1		16371 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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the harbis detacle Deg	WE	21d. INIJRY OCCURRED While Not while at work 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. City at Tawn County State
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OR ATTENIOR STRENIOR		226 ROMATURE Calvar & DEGREE PHYS DIRECTOR DIRECTOR DIRECTOR 122767
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MAKTLAND STATE DEPARTMENT OF HEALTH



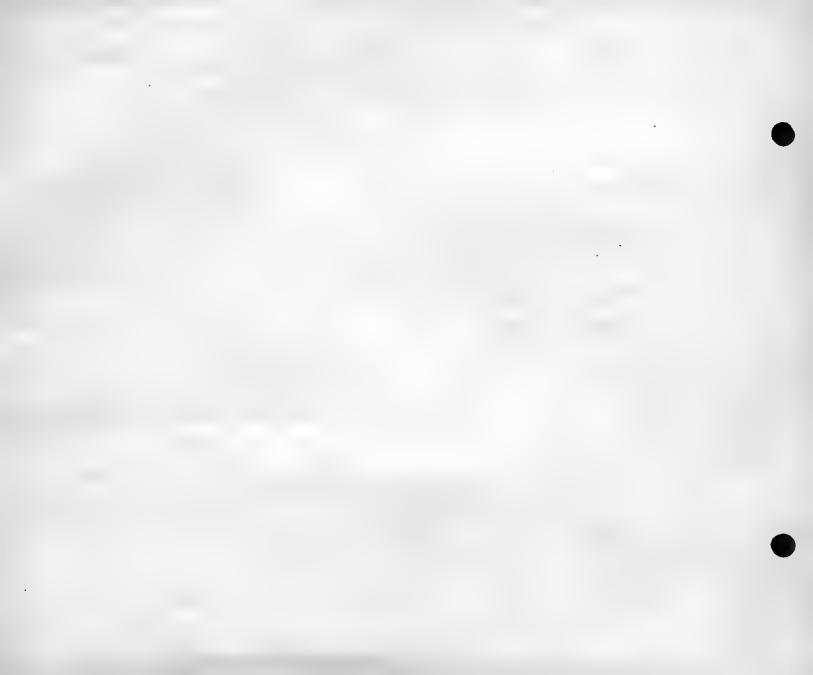


16373 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16365 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, funstitution Resigence before admiss on) · COUNTYANNE ARUNDEL 6 COUNTYANNE ARUNDEL O STATE MARYLAND The law requires that the death certificate be executed within 24 hours after MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 10 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FT GEO! GO MEADE !OWNARYLAND 17 Days GLEN BURNIE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? KIMBROUGH ARMY HOSPITAL 426 ARBOR DRIVE YES NO PE NAME OF 4 DATE Month Doy Year DECEASED (Type or print) JOHN THOMAS MC COY DECEMBER 67 transit permit. Then please remove corb cremation, or removal, and in any event, DEATH 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS CAU 9/15/1929 MALE Hours DIVORCED | 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT WEBSTER, NY. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM HENRY MC COY JANET E. BROWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT YES or unknown) The soive wor or doles of 081-32-8110 BEVERLY MC COY(W) Same as # 2 18. CAUSE OF DEATH (Enter on y one couse per ine for (a), (b), and (c)) INTERVAL BETWEEN signed by the buriol-transit p buriol, cremati PART I DEATH WAS CAUSED BY A CAUDED BY SHOCK, PULMONARY EDEMA, CONGESTIVE HEART ONSET AND DEATH Poge 4 may be retained by the hospital or ottending physicion. DUE TO FAILURE Conditions, if only, which gove Approx lyr rise to immediate cause (a), DUE TO stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110) 19 WAS AUTOPSY PERFORMED? for use YES DE NO 20° ACC DENT WAS JNDERLYING . 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of term IB) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c T ME OF INJURY Month, Doy, Year 20d IN. LRY OCCURRED (City or town) (County) (Stote) O FUNERAL DIRECTOR: After this factory, street, office bldg., etc.) Not While 21. I certify that (15 (this haspital) attended the deceased fram 24 Nov saw the deceased glive an 11 Dec 67 19 ____, and that death as the deceased fram 24 Nov , 1967 , to 11 Dec , 1967 , that **(we) last 19 ____ , and that death accurred at 3:30 %, fram causes and on the date stated abave. 22n SIGNAT 22b. DATE SIGNED GXMCMD MED. DIRECTOR 11 Dec 67 LYNN W. HOLDER, CPT. MY ARMY HOSPITAL. FT GEO G MEADE 230 BURIA., CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) Burial Arlington Virgin 12/14/67 Arlington Natioanl
ADDRESS 250 Virginia 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Raymond C. Fink Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



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y be ret y be ret DIREC age 3 s filed with		22c. PHYSICIAN'S M	22d. ADDRESS	STAFF I	22/67
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VR A15 (4) 20 M 1/66		Robert A. Berraner, Suma Vi	DATEC 2 G	1967 June	Tuestas.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16375 CERTIFICATE OF DEATH 16367 death. requires that the death certificate be executed within 24 hours after death the funeral and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) COUNTY o. STATE b COUNTY Anne Arundel Maryland Anne Arundel MARYLAND ages b. CITY OR TOWN (If outside carporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 1b write RURAL and give nearest town)
Millersville Glen Burnie e IS RESIDENCE ON A FARM? d. NAME DF HDSP, TAL DR INSTITUTION (if not in haspital, give street address) d. STREET ADDRESS YES NO NO Knollwood Manor Nursing Home NAME OF Middle 4 DATE carban Eirst Last Month Day Year signed by the attending physician and campletely burial-transit permit. Then please remave carban DECEASED (Type of print) Fannie McQuav DEATH Dec. AGE (In years 8. DATE OF BIRTH IF UNDER 1 YEAR S SEX 6 CD OR OR RACE 7 MARRIED NEVER MARRIED last birthday) Manths Dovs 6/23 1879 WIDOWED TX DIVORCED 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done during most of working ite, even if retired) INDUSTRY USA Talbot County, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William T. Morris Anna Jester 414 Mable Ave.. 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war or dotes of service Glen Burnie, Md. Mrs. Maysie Cayer. No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (a). DUF TO stoting the underlying couse by the haspital ar attending as the TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) for use YES 🖂 NO 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20o ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While at work at wark 19.66, to 12/19 .. 19.67, that (I) (we) last 21. | certify that (1) (this hospital) attended the deceased from 9. 7 12/12 1967, and that death occurred at saw the deceased alive on A.M. from causes and on the date stated above 22b. DATE SIGNED 220. SIGNATURE ATTENDING STAFF PHYS. X 12/19/67 DIRECTOR M.D. PHYS. director, page 22c PHYSICIAN'S Ray M. Smith, M. D. Hahn Professional Bldg., Severna Pk., Md. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (Stote) REMOVAL (Specify) Bozman Cemetery | 250 REC'D BY REGISTRAR December Bozman: Maryland 2Sb. REGISTRAR'S SIGNATURE ADDRESS DATE DEC



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death funerol and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND ANNE ARUNDEI MARYLAND ALDIE ARINDET. Pages 10 UTT TE b. CITY OR TOWN (if autside carparate mits write RURAL and give nearest tawn) C. LENGTH OF STAY IN 16 c CITY OR TOWN (If guitside caragrate limits, write RURAL and give nearest town) RURAL - CLEN RHENTE 22 DAYS RURAL - ODENTON e IS RES DENC \subseteq d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM filled NORTH ARUNDEL (本英文表表一HOSPITAL YES NO V 1245 SCOTT MANOR corbon NAME OF Middife DATE First Lost Month Day Year DECEASED OF (Type or print) HERS CHE DEATH DECEMBER AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED remove tast b rthaay) Months Dovs Haurs yno WIDOWED DIVORCED WHITTH MALE MARCH 28.1899 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of warking life, even if retired) INDUSTRY ESTIMATOR LIMBER COMPANY ILLINOIS TISA d by the attending physici I-tronsit permit. Then ple I, cremation, or removol, a 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME GaRY IS WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO ,5 anse (Yes, no, or unknown) (If yes give war or dates of service) as tha 451<u>-03-798</u>2 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line fers (a), (b), signed by the buriof-tronsit p buriol, crematic ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse the hospital or ottending as the prior to O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY F CATION PERFORMED? detached for use te Dept. of Health NO 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth Day, Year factory, street, office bldg., etc.) Hour a.m. at wark Poge 4 may be retained by 21. I certify that (I) (this haspital) attended the deceased from // r, poge 3 should I be filed with the S 19 6.7, and that death occurred at 21/4/1000, fram causes and an the date stated above saw the deceased alive an_ 22a. SIGNATURE 22b DATE SIGNED TTENDING DIRECTOR PHYS. ADDRESS 22c. PHYSICIAN S O HOSPITAL Febus Grunberg M.D. NAME (Type) 115 Old Odenton Rd. Odenton director, shauld by 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (County) (State) REMOVAL (Specify) REDERICA TOWN VR A15 (4) DATE 1 20 M 1/66



<i>b</i> 1	1	DIVISION OF VIT	MARYLAND STATE DEPA Al RECORDS 301 W PRESTOL		RYLAND 21201	
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With With		220. SIGNATURE		ATTENDING MED	STAFF CT ! 15 /c	TE SIGNED
be de		22c PHYSICIANS	teccos MD	PHYS DIRECTOR	PHYS D / 24	TILX
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 moy be retained by the hospitol or attending TO FUNERAL DIRECTOR; After this certificate has been director, page 3 should be defached for use as the should be filed with the State Dept. of Health priar to		NAME (Type) CE REAL I	Hochman hi	1) 16 Marray t	Lucius Annzo	ated End
LOS UNE ecto	23	BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR CE	REMATORY 23d, I	OCAT ON (City or Town) (C	(State)
O HOS O FUN direct	R	REMOVAL(Spegfy) moval—Burial 12/6/67	Cedar Hill Cen	metery Sui	tland Prince(''
		FUNERAL DIRECTOR S	ADDRESS	250. REC'D BY REGIS	TRAR 25b REGISTRAR 5 5 G	SNATURE
VR A15 (4) 25M 1/67		HOPPING FUNERAL HOME	Annapolis, Md.	PAREC 5	1967 Acharles	, Judge
	-		7	0.53.0	7/	+/



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16378 CERTIFICATE OF DEATH 6370 requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) a. COUNTY a. STATE b. COUNTY Anne Arundel Anne Arundel MARYLAND Marvland b. CITY OR TOWN (If outside carparate limits, write RURAL and give peorest town)

Annapolis C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Edgewater ease remove carban papers and in any event, within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM Anne Arundel General Hospital 21 Wilelinor Drive YES 🔲 NO 3 NAME OF Middle 4. DATE Day Year DECEASED (Type or pant) Julia Teresa MOGGACH DEATH December S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS NEVER MARRIED last birthday) Months Days Haurs WIDOWED DIVORCED White October 12,1881 ₽6 yrs Female. and 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or fareign country) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? attending physician sermit. Then please i reland HOME 13. FATHER'S NAME signed by the attending physic burial-transit permit. Then pl burial, crematian, or remaval, 14. MOTHER'S MAIDEN NAME TARVE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, na, or wiknown) (If yes give war ar dates of service CAUSE OF DEATH (Enter only one cause per line for (a), (b) INTERVAL BETWEEN and (c).) PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause been the prior ta QS O has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? 3 shauld be detached for use with the State Dept. of Health YES [NO. certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20t TIME OF INJURY Month, Day, Year 20d INTURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) IO FUNERAL DIRECTOM: After this Hour a.m. Not While factory, street, affice blog , etc.) OR ATTENDING of work of work 21. 1 certify that (1) (this haspital) attended the deceased fram. 196 /, that (1) (we) last be retained saw the deceased alive an. 1967, and that death accurred at My from causes and an the date stated above. 22a, SIGNATURE 22b DATE SIGNED ATTENDING 9 67 M.D. DIRECTOR PHYS PHYS , page be filed 22d. ADDRESS 22c. PHYSICIAN'S HOMPITAL Par 140 13 CHUIL PIE NAME (Type) UNIVER HELY) Ann ARCZIS MO director, shavld be 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION 23d3 LOCATION (City or Town FUNERAL DIRECTOR VR A15 (4)



7		40084	DIVISION OF		ECORDS, 301 W. PR				LAND 21201		٢	
		16379	}		CERTIFICA	ATE	OF DEATH	kk		16	371	
durs grier dear	1.	PLACE OF DEATH COUNTY ANNE ARU					2. USUAL RESIDENCE (V g. STATE	Vhere decease	d lived, if institut b. COUN	an Resideni	e befare admissio	on)
direction		LITY OR TOWN (I	f outside comprate limits		MARYLAN	-	ALABAMA CITY OR TOWN (IF au	tside caroarate	limits, write RIIR	AL and a ve	regrest town)	
anıs		FORT GEO	G MEADE, MD		1 DAY		PLEASANT (ų.	
		d. NAME OF HOSPITA	AL OR INSTITUTION (If not in		ive street oddress)		d STREET ADDRESS				e IS RESID ON A FA	DENCE ARM?
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		NAME OF DECEASED Type or print)	First DON		Middle A		Last MOODY	4 DATE OF	DECEMBE		Day Yeo	
	_	EX Prints		MARRIED	NEVER MARRIED	K / 8	DATE OF BIRTH	DEATH 9	AGE (In years	IT. F UNDER !		67 °
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		FATHER'S NAME					14 MOTHER'S MAIDEN N					
		JAMES R.	MOODY				NANCY B.	(MAID	en name		MN)	
	15 (Ye	WAS DECEASED EVER na_ar unknawn)	RINUS ARMED FORCES? (If yes give wor or dates of se 8 NOV 54/22DE)	ry se) 16,5	16-68		NFORMANT	. 5846	Addres		T 4TC 4	25.15
'uoı		18 CAUSE OF DE	ATH (Enter anly ane cause)	or line for	6903	UN	IT PERSONNE	L RECO	RUS 42a	GP, F	T GEO G	M, M
Stabil be then with the state Dept. Of realth prior to build, tremotion, or removal, and thin any event,		PART I DEAT			RACHNOID HEN	OR.	RHAGE IN (R) PARI	ETAL.		ONSET AND D	
		Server of	DUE TO					,				
		Conditions, if ony, rise to immediate	cause (a).	AREA	ORGANIZING						UNKNOWN	<u>1</u>
		stating the under	Ying cause DUE TO									
	700	w-re-size	INIFICANT CONDITIONS CONT	RIBUTING T	O DEATH BUT NOT RELATED	TO T	HE TERMINAL DISEASE CON	D TION G.VEN	IN PART 1(a)		19 WAS AUTO PERFORME	OPSY
- /	F CATION			P-41,					, ,		PERFORME YES X	ED?
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	MED CAL	n m	RY Manth, Doy, Year	While	Nat While	facto	E Of NJURY (Hame, farm ary, street, affice bldg., etc.)	. 20f	(C+y ar tawn)	(Cau	nty) (S	State)
		21. I certif	y that (X (this hasp to) attend	ed the deceased fran	n_2	1 DEC , I	9,67 , to	22 DEC	, 19 <u>6</u>	7, that (4) (v	we) los
		saw the de	ceased alive an ZZ	DEC	19 <u>57</u> , and	that	death accurred at	6:33AM,	fram causes c			above
		12 I I	1 PBul	el or	-18	M.D	ATTENDING PHYS	MED DIRECTOR E	STAFF PHYS		TE SIGNED EC 67	
1		22c PHYSICIAN S NAME (Type)	RICHARD P. E	EHREN	DT	*******	22d ADDRESS KIMBROUGH					MD.
	23a	BLRIAL, CREMATIO REMOVAL (Specify)			23c NAME OF CEMETERY				AT.ON (Cty or Tow	4	(County) (St	tate)
}	24	FUNERA, DIRECTOR	12 50	0	ADDRESS SAL	7.:	EMETERY 25a. RECD	BY REGISTRA	R 2Sb REG	SISTRAR S SI		7.
	Ho	2. Co. F	itl. of H.	4. W.	itake al	M	City DATBER			liment t		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16381 CERTIFICATE OF DEATH 16373 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death death. pup the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased kived, if institution Residence before admission) n. COUNTY MARYLAND (If outside corporate limits. C LENGTH OF STAY IN 15 outs de corporate limits, write RURAL and give nearest town! au NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? NO X YES NAME OF DATE Month campletely DECEASED (Type or print) OF 13 1967 DEATH event. SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** AGE (In years lost Garhday) IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED DIVORCED 180_USUAL OCCUPATION (Give kind of work dope 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT physician c puo FATHER'S NAME or removal. IRAUL WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes_po, grunknown) [(If yes give wor or dotes of service ELIZABE crematian, 18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) <u>^</u> **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. DUE TO signed i Conditions, if any, which gove conditionerelas discous rise to immediate cause (a). DUE TO ed for use as the back of Health prior to b stoting the underlying couse this certificate has been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO A 20o. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of Item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e, PLACE OF INJURY (Home, form, 20c. TIME OF .NJURY Month, Doy, Year 20d, INJURY OCCURRED (City or town) (VfnLo2) (Stote) Hour o m. foctory, street, office bldg., etc.) at work 1960 ta 19.67, that (1) (we) las 21. I certify that (1) (this haspital) attended the deceased from 19 6), and that death accurred at 2 AM, from causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an.... 220 SIGNATURE 22b. DATE 5 GNED ATTENDING M.D. PHYS DIRECTOR PHYS director, page Shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MRES NAME OF COMETERY OR CREMATORY Shaut BURIAL CREMATION 25b REGISTRAR'S SIGNATUR VR A15 (



	1			AD STATE DEPARTMENT OF		
1		16382	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA CERTIFICATE OF DEATI	-	16374
· = ~= 6.	1 D	ECEASED-NAME First	Middle	Last	2g. DATE OF DEATH	2b. HOUR
after death he funeral ges 1 and 2 after death	(Type ar print)	S.	NEARY	Month _D	9. 1°967 /10/0M
# E-# //	3. S		4. RACE	S. DATE OF BIRTH	December 3.	IF JNDER 1 YEAR F UNDER 24 HRS
		MALE	WHITE	MARCH 5,	1 - 4 1 4 4 1 - 3	MONTHS DAYS HOURS MAN
\$ 30 E	7a	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	2:1
24 hapris ed mmby coers. Pages n 72 hadris	cau	Severn, Md.	U.S.A.	WIDOWED DIVORCED	ANNE ARUNDEL	CO . Md.
if a diff	10.	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR II	NSTITUTION (If not in haspital 12a U	SUAL OCCUPATION (Kind of work dans	
with ely ban writ	L	MILLERSVILLE,	give street address) KNOL (WOO	D MONOTHE COLL	ngs of working life, even if retired)	CIVIL Service
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 baprs etained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and campletely filedemby shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Partitly the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, within 72 hadrs with the state Dept.	13a. odm	USJAL RESIDENCE (Where deceased issian) STATE Mary Land	d lived, if institution Residence before 13b COUNTY ADDE ARUNDEL		NO 13e STREET AND NUMBER	
exe		ATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAM	E First Middle	Last
be ex n and ne rem din an	1	HARRY	NE	ARY	LAURA	WHITEHEAD
erificate b physkian en please aval, and i	160	. WAS DECEASED EVER IN U.S. ARME	r or dates of service)		Address L. Stach (daught	ericamo de 13e
terti phen nav	-	10 CAUSE OF DEATH / LAND			L. Stacii (daddir	APPROXIMATE INTERVAL
he death ce attending permit. The		PART 1. DEATH WAS CAUSED	y one couse per line for (a), (b), and (c) BY:	interest to	.0	BETWEEN ONSET AND DEATH
dec rmi		IMMEDIAT	TE CAUSE (a)	againe was 17	arag	Lyene
the a		Canditians, if any, which gave)	DUE TO, OR AS A CONSEQUENCE O	To Para se	eral & coronan	- nears
nat T. Y. # Y. # emx.		rise ta ımmediate cause (a).	DUE TO, OR AS A CONSEQUENCE OF	wosewers, y	and the contract	7 + - 7
The law requires that that the attending physician. has been signed by the se as the burial-transit in priar to burial, cremati		stating the underlying cause last.	(c)			
ahys shys igne uria		PART 2 OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE (OR CONDITION GIVEN IN PART 1(a)	
ng F en s en s tab	z	Diabetes in	ellitus			
The law ratending has been se as the h priar ta	A710	190. DATE OF OPERATION 196. CO	ONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The atte	CERTIFICATION			YES NO	CAUSES OF DEATH?	
I ar		21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21c. HOW INJURY OCCURRED (E	nter nature of injury in Part 1 or Part 2	, Item 18)
Pitch Pitch aff	MEDICAL	(If either, natify medical examine	er) P.M.	9		
Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far usefuld be filed with the State Dept. af Health	W	21d INJURY OCCURRED While hat while at wark at wark	PLACE OF INJURY (AT HOME, FARM, STREET F. OFFICE BUILDING, ETC	(CTORY,) 21f. LOCATION Street or R.F.D.	No. City or Town	Caunty State
ING by t frer frer be c			s hospital) attended the deceas	sed from 29 Doc. 19	67, 10 71 Dec, 1	9_6_7, that (I) (we) last
END led Jid he S		saw the deceased ali	(I) (wa) (did) (did pat) view the	sed from 2.9 Doc., 19 1967, and that in (my) (our) of bady after death.	opinian death occurred on the d	late and haur and from the
ATTER PATER SHOULD SHOU		22b. SIGNATURE	(i) (we) (uiu) (uiu iiui) view iiie	budy uner deam.		DATE SIGNED
OR ATTENE be retained DIRECTOR: A je 3 shauld ed with the		Cland	le Minimo	DEGREE PHYS.		2 Jan 1968
AL AL O		22d. PHYSICIAN'S	× 104,000	22e. ADDRESS		00000
ERA ERA d be	١.	NAME(Type) Charle	s W. Kinzer	Annap	oolis, Maryland	
TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the	23a	BURIAL, CREMATION, 23b DA	ATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
5 5 5 4 M	E	DRIAL JAN		ty Meth. Ch. Cem		a.A. Co., Md.
VR AIS(I)	24.	ENTERAL DURITOR	SINGLETOMODRE	1 1 0	D BY REGISTRAR 25b. REGISTRAR	
30M REV. NG	7	Legglo	GLEN BURNIE.	MD. DATUA	N 3 1968 Pala	rles Juage

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16383 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss an) o. COUNTY o. STATE b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (f autside carporate l'mits, write RURAL and give nearest town) c. City OR TOWN (If outside corparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Annapolis 10 days Shady Side d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDÊNCE ON A FARM? Anne Amundel General Hospital NO X NAME OF Middle First 4 DATE LOST Month Day Year DECEASED (Type or print) NICK Jerome 20 19 67 December DEATH remove cor event S SEX 6. COLOR OR RACE YEAR IF UNDER 24 HRS. 7. MARRIED XX B DATE OF BIRTH 9. AGE (In years FUNDER NEVER MARRIED birthday) Months Doys Hours Negro Male WIDOWED DIVORCED Aug. 9, 1887 10a USUAL OCCUPAT ON (Give kind of work dane during plost of working life, even if refred) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT INDUSTRY ottending physician termit. Then please Matryland FATHER & NAME 14. MOTHER'S MAIDEN NAME buriol, cremation, or removol, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no o unknown) (If yes give war or dates at service) 16. SOCIAL SECURITY NO 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) signed by the buriol-tronsit p PART I. DEATH WAS CAUSED BY noumane IMMEDIATE CAUSE (a) Canditions, if any which gave rise to immediate cause (a), DUE TO stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? YES NO XIX X 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part if of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (State) 20c TIME OF INJURY Month, Day, Year (County) Hour a.m. factory, street, office bldg., etc) Not While at wark at work 2). I certify that (1) the back attended the deceased from tall , 19 60, ta Dec. 20 , 19 67 that (1) bad last director, page 3 should should be filed with the Dec. 20. 19.67, and that death accurred at FUNERAL DIRECTOR: saw_the deceased alive on_ M, fram causes and on the date stated obove. 22a SIGNATURI 22b, DATE SIGNED MD DIRECTOR PHYS PHYS. 22d ADDRESS 22c. PHYS CIAN'S NAME (Type) Shady Side. Smith. Md.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) a. COUNTY **b.** COUNTY Anne Arumdel MARYLAND Anne_Arumdel b. CITY OR TOWN (if outside corporate l'mits. C. LENGTH OF STAY IN TH c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) 18 years Pasadena Pasadena. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? 256 Carrell Rd. YES 🔲 NO 🙀 mplete 3. NAME OF M ddle DECEASED (Typa or print) NORWOOD ST. DEATH 19 67 S. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR | IF JNDER 24 HRS. last birthday) Male Dec. 9. 1887 DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if ratirad) Steel Co. Mt. Airy. Maryland chauffeur 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jehn E. Nerwood Clementine Gatrell 15. WAS DECEASED EVER IN U.5 ARMED FORCES? . 16 SOCIAL SECURITY NO. 17 INFORMANT Maryland (Yas, no, or unkown) (ifyesg yawarordatasofsarvica) 212-07-55454 Herman Norwood, Jr., 9112 Walden Rd., Silver Spring 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE IN ACUTE CARDIO-RESPIRATORY FAILURE UDDEN WHEPATOMA (PRIMARY CANCER LIVER) 3 MONTHS Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY PERFORMED? MARTERIOSCLERENTLE DISEASE 20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part or Part I of Iam 18., OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ; 20f. (City or town) Month, Day, Year (County) (Stata) factory, street, office bldg., atc., Hour a.m. White Not While 21. I certify that (1) (this-hospital) attended the deceased from JUNE 19, 19.61 to DEC 1 1967, and that death occured a P. M. from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED HOSPITA eath. Page. FUNERAL rector, page 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, Town or county) (Stata) REMOVAL (Spacify) 0 5 3 Druid Ridge Cemetery Pikesville. Baltimøre. Md. Burial 24 FUNERAL DIRECTOR'S SIGNATURE VIII A15 (4) Gence-4001 Ritchie Hgwy., Paltimere 15M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16377 CERTIFICATE OF DEATH death. death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside carporate limits, c LENGTH OF STAY IN 16 write RURAL and give negrest town? 1 hr 45 min Baltimore Glen Burnié requires that the death certificate be executed within_24thaug d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENC ON A FARM North Arundel Hospital 3133 Dillon St YES NO DO 3. NAME OF First Middle 4. DATE carban Last Manth Doy Year DECEASED OF 1967 Dec. Edith A Novak (Type or print) DEATH IF UNDER 24 HRS S. SEX AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Davs WIDOWED & DIVORCED 11-30-00 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY W. Virginia Homemaker none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY anchite my veer deal IMMEDIATE CAUSE (a) DUF TO Canditions, if any, which gave rise to immediate couse (a), **DUE TO** stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES [NO ģ 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Nat While factory, street, affice bldg , etc) at work 21. A certify that (1) (this hospital) attended the deceased from (19____, that (I) (we) lost saw the deceased alive an _, and that death occurred at& M, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS M.D. DIRECTOR 22d. ADDRESS PHYSICIAN S LAME (Type) director, should 235 NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23b. DATE THEREOF 23d LOCATION, (City or Town) (County) AEMOVAL (Specify) REGISTRAR'S SIGNATHR 2So. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF MEASURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16386 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. funerol PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) COUNTY **b** COUNTY ANNE MARYLAND MARYLAND b CITY OR TOWN (If outside carporate limits. L. LENGTH OF STAY IN 15 c (1) OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
LEN BURNIE FLEN ALTIMORE 21218 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) .⊑ papers d STREET ADDRESS B IS RESIDENCE ON A FARM? 20 YORK ONVALESCENT NO P and in any event, within 3. NAME OF 4 DATE OF ottending physician and completely fromit. Then please remove corban First Middle Last Month Doy Year DECEASED ARY EN (Type or pant) DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 7 MARRIED NEVER MARRIED Months lost_birthdoy) Dovs Hours WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? TIMEKEEPER U.SA WILMINGTON, BALTO-TRANSIT CO. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the ottending physi burial-transit permit. Then pl burial, crematian, or removal, JAMES SARAH BONER IS. WAS DECEASED EYER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service) MRS. AGNES CURRENS SAME 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) PART I. DEATH WAS CAUSED BY MTERVAL BETWEEN DISET AND DEATH IMMEDIATE CAUSE (o) by the hospital or attending physicion. DUE TO Conditions, if ony, which gove (b) nise to immediate couse (o), DUE TO stoting the underlying couse be detached for use as the State Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALTOPSY PERFORMED? GRIFFICAT NO FUNERAL DIRECTOR: After this certificote YES 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20s. PLACE OF INJJRY (Home, form, TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While TO HOSPITAL OR ATTENDING at work 21. I certify that (I) (this hospital) ottended the deceased from 70,196 Page 4 may be retained director, page 3 should should be filed with the 137 AM, from causes and an the date stated above saw the deceased alive an 19 and that death accurred at 22o. SIGNATURE 22b DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS PHYS 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMAT ON, 23b. DATE THEREOF 23d LOCAT ON (City or Town) (County) (Stote) Burial (Specify) Baltimore. Maruland New Cathedral 9 12/15/67 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 4905 York Road Baltimore, Md. VR A15 (4) Sons Co. 21212 DATE

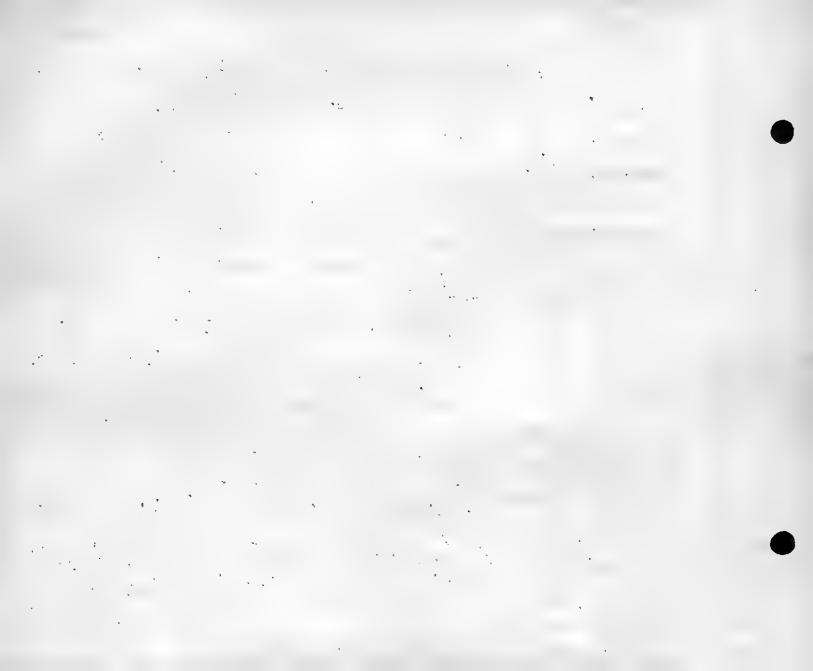


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		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAI 16387 CERTIFICATE OF DEATH						
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bed teat		K	20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED , 20e. PLACE OF I	NJURY (Hame, ferm, 20f. (City or lown) (County	(State)			
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Spt.			21. I certify that (I) (this hospital) attended the deceased from 1 C	0 - 22 1967 to /2 - 30 1967	7. that (I) (we) last			
Page 9			saw the deceased alive on 1.2 3 @ 19 67, and that death	occured at fM, from the causes and on the	date stated above.			
should State			22a. SIGNATURE	TTENDING MED STAFF	22b. DATE SIGNED			
1410 t			houttak. GIL Marca MD. Pt	HYS. DIRECTOR PHYS.	2-31-67			
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HOSPITAL ath. Page A FUNERAL ector, page filed with I		_						
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24	•		1638) DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16381	
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<u>و</u> و		160	TEZERIAH FISLER SAVA FIZZBETH ROGERS LIGITAL Address Address	_
ifficot	hysici ol, a		Yes, na, ar unknown) (If yes give war or dates of service) Alvin Carks Deale MD	
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requires that the death certificate be executed within 24 hours after	pital or ottending physicion. rificate has been signed by the oth d for use os the buriol-tronsit perr of Health prior to buriol, cremotion,		PART 2 OTHER S GIVE CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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he k	has been se os the h prior to	CENTIFICATION	YES NO CAUSES OF DEATH?	
ä.	ospital or certificate thed for us ot. of Healt		21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Control Contr	
PHYSICIAN:	spite errifi led f	MEDICA.	(If either, natify medical examiner) P.M. 19	
Æ	this cetach		21d. INJURY OCCURRED While Not while of work o	,
SING	by ti ffer be d State		22a. I certify that (I) (this hospital) attended the deceased from 12/18/6/1, 19, to 12-12/16/19, that (I) (we)	
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OR ATTENDING	IRECTO 3 short d with		226. SIGNATURE A CARLOS TO MED. DIRECTOR DIRECTO	
IO HOSPITAL (Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for usefuld be filed with the State Dept. of Healt		22d. PHYSICIAN'S NAME (Type) Partes H. Wirth MD 22e ADDRESS Lathian Maryland	
OSP	Poge 4 m O FUNER director, should be	23a	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)	-
5	2		REMOVAL (Specify) 12-24-67 St James, Tracys AA MD	
	VR A15 (12)	24	FUNERAL DIRECTOR ADDRESS DATE DEC 29 1967 ADDRESS DATE DEC 29 1967	
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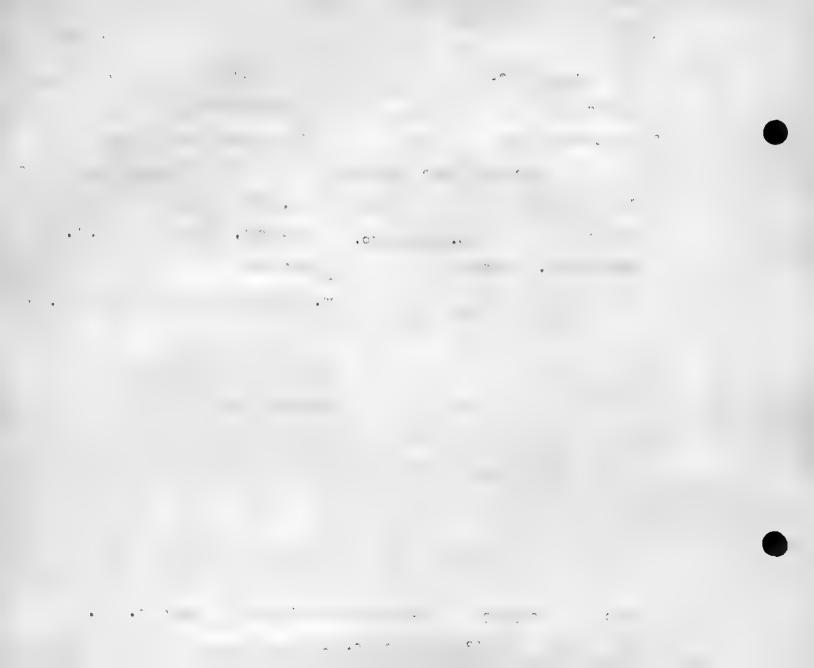


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16390 CERTIFICATE OF DEATH 16382 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Maruland Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Annapolis c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Galesville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM Anna Arundel General Hospital YES NO 🔀 NAME OF 4. DATE Lost DECEASED **PEAKE** (Type or print) Edith Glover DEATH December 6. COLOR OR RACE 9 AGE (In years 7 MARRIED IF UNDER 1 YEAR JE UNDER 24 HRS NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months October 15,1886 White WIDOWED K DIVORCED Female 10g ISJAL OCCL PATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY signed by the attending physican burial-transit permit. Then please burial, crematian, or removal, and i @Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1dm 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMAN' Address (Yes, no, or unknown) liff yes give wor or dotes of service PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove 1 rise to immediate couse (a). stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) director, page 3 should be detached for use should be filed with the State Dept. of Health NO O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLY NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) factory, street, office bldg , etc) 21. I certify that (!) (this hospital) attended the deceased from 19____, that (I) (we) last saw the deceased glive on Dec 19 6 7, and that death occurred at M, from causes and an the date stated above 22g SIGNATURE 22b DATE SIGNED DIRECTOR 22c PHYSICIAN'S 22d. ADDRES NAME (Type) 230 BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) (County) (Stote) -REMOVAL (Specify) Woods 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67



ISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0383 CERTIFICATE OF DEATH after death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Anne Arundel Marvland Anne Amındel MARYLAND b. C.TY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours Orchard Beach Orchard Beach d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 7812 Waterview Drive 7812 Waterview Drive 21226 21 226 ND YES executed within 3. NAME DE Month Middle DATE Day etel DECEASED event, Frederick Henry Pepersack 67 (Type or print) DEATH December 15. 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 7. MARRIED NEVER MARRIED етпоче last birthday) | Months | Hours in any Mala White June 29, 1898 WIDOWED DIVORCED.A. 1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) INDUSTRY "aryland and Baltimore. ^M≅chinist Bedding 60 Int. 13. FATHER'S NAME MOTHER'S MAIDEN NAME removal been signed by the attending the burial-transit permit. The r to burial, cremation, or remo-Frederick Wm. Pepersack Lena Meyer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (17. INFORMANT Address (Yes, no, or unknwn) (If yes give war or dates of service) that the death Mrs. Margaret Gunther 7825 Bridge Dr. 21226 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating underlying cause last. certificate has as (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) none NO TO YES T 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 6 DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. After While Not While at work at work retained D the 21. I certify that (I) (this hospital) attended the deceased from 71/10x DIRECTOR: / age 3 should liled with the saw the deceased alive on Asternation 1967, and that death occurred at A.M. from the causes and on the date stated above. DATE SIGNED 22a. SIGNATURE 22b. page DIRECTOR HOSPILA Page 4 may to FUNERAL C director, pa M.D. PHYSICIAN'S NAME (Type) ADDRESS 22d. (State) LOCATION (City, town or county) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 2 Mesdowridge Memorial Park Howard Co. 12/18/67 Burial ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** Patapsce Ave. 21225 VR A15 (4) DATE DE 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16392 17887 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate imits, c TENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give negrest town? EALL d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? requires that the death certificate be executed within 24.1 and in any event, within 72 ded YES NO EX pou 3. NAME OF Middle First 4 DATE Month Dov Year DECEASED OF (Type or print) DEATH remaye car S. SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthday) Months Hours WIDOWED DIVORCED guo 10b. KIND OF BUSINESS OR 10g USUAL OCCUPATION (Give kind of work done 11/BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working rife, even if retired) INDUSTRY COUNTRY? Ludler Mdl. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) I(If yes give war or dates of service CAUSE OF DEATH (Enter only one couse per line for (gr), (b) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) by the haspital or affending physician. DUE TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse be detached far use as the State Dept. af Health priar ta has been fast. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPS PERFORMED? NO FUNERAL DIRECTOR: After this certificate YES 200 ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or fown) 20c TIME OF INJURY Month, Day, Year (County) (State) Hour o.m. foctory, street, office bldg , etc) Not While O HOSPITAL OR ATTENDING at work 21. I certify that (1) (this hospital) attended the deceased from 1500 19 66 Page 4 may be retained , page 3 should be filed with the and that death accurred at 11 A M, fram causes and on the date stated above saw the deceased alive an SICHATH 22n 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN' NAME (Type) director, 230. BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY -LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) 9 24 FUNERAL DIRECTOR VR A15 (4)





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	16394 DIVISION	CERTIFICATE			6385
		CERTITICATE			
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0. 0	Anne Arur	ndel MARYLAND	Maryla	nd An	ne Arundel
ь. С	ITY OR TOWN (If outside corporate mits write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporote limits, write RURAL and gi	ve neorest fown)
	Annapolis		Ann	apolis	(*, /
d N	IAME OF HOSPITAL OR INSTITUTION (If no	t in hospital, give street oddress)	d. STREET ADDRESS		e IS RES DENCE ON A FARM?
	Anne Arundel Gene	eral Hospital	71 Condu	it Street	YES NO M
3 NAN	ME OF Fire	st Middle	Lost 4 D/		Doy Year
(Тур	e or pant) Alexande		POLK DI	ATH December	26 19 67
S. SEX		7. MARRIED 🔀 NEVER MARRIED 🔲 8	. DATE OF BIRTH	9 AGE (In years IF UNDER lost burthday) Months	Doys Hours M.n.
	ale White		uly 20, 1889	78 yrs.	
100, USI	UAL OCCUPATION (Give kind of work done most of work incline, evenut retired)	10b KIND OF BUSINESS OR INDUSTRY - // C	11 BIRTHPLACE (County & State	C-f0C(CL)(1)	CITIZEN OF WHAT
ME.	most of working life, even it retired)	DEPT OF 43 HRMY	HSHUILLE, NO	ry fand	U. S.
	THER'S NAME	Port	14 MOTHER'S MAIDEN NAME		
	ANCIS DEVERUX	106	MARGARET	CALLAWA	<i>Y</i>
	AS DECEASED EVER IN U.S. ARMED FORCES? o, or unknown) (If yes give wor or dotes o		ARGARET E.	POLK #	2
18	CAUSE OF DEATH (Enter only one cour		777(-171(0)	/	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	11/2 124			ONST AND DEATH
	16/X DUE	(*)			
Co	nditions, if ony, which gove	(b) Corumn	of horm		Menles
	e to immediate couse (a), DUE	10	0		
los		(c)			
Z PA	ART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL D SEASE CONDITION	GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED?
I E					YES NO V
200	o ACC DENT WAS JNDERLYING ☐ R CONTRIBUTING ☐ CAUSE OF DEATH	20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I of	r Port II of stem 18.)	
	EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL CERTIFICATION	k TIME OF INJURY Month, Doy, Year Hour o.m.		E OF INJURY (Home, farm, pry, street, office bldg., etc.)	10f (City or town) (C	County) (Stote)
₹	p m. 19	ot work at work		1-1-	
	2 17 1	pital) attended the deceased from	12/1 , 196-)	_, to <u>[2/26</u> , 19	6_/, that (I) (we) la
	saw the deceased alive an	12/26 196 /, and that	death accurred at	M from causes and an	the date stated above
22	20 SIGNATURE	HUNEIT MD	ATTENDING MED	STAFF C	DATE SIGNED
_		- CTO /LETT MD	PHYS DIRECT	DR LI PHYS LIT 7	1/2/10/
	2c. PHYS.CIAN'S NAME (Type) level	Church	1216/	In S1: 11	Live John
23o B	URIAL, CREMATION, 236 DATE THE	REOF, 23c NAME OF CEMETERY OR	REMATORY 23	d_LOCATION (City or Town)	(County) (State)
BR	EMORAL (Specify) 12/2	9/1967 LOUDON 1	ARK (EM. 1	BALTIMORE	MD
	UNERAL DIRECTOR	ADDRESS	2So. RECD BY RE	GISTRAR 25b. REGISTRAR'S	SIGNATURE
Joi	4N M TAVIAD.	SOUS ATMORPHICE	DEC DATE DEC	29 1967 John	many house



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16395 16386 CERTIFICATE OF DEATH 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admiss on) o. COUNTY p. STATE b. COUNTY Anne Arundel MARYLAND Maryland Anne Arundel b CITY OR TOWN (if outside carporate imits, write RURAL and give negrest tawn)
Annapolis c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Davs Severna Park d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Anne Arundel General Hospital 133 Round Bay Road YES requires that the death certificate be executed within NAME OF carban Middle 4 DATE Last Manth ₹ M Dov physician and completely DECEASED and in any event, Miriam (Type or print) Toombs RAKER DEATH December 7 MARRIED 6. COLOR OR RACE 9 AGE (n years 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) Manths Davs White WIDOWED DIVORCED February 20,1916 Female IOa USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
CODVWITTER Store Illinois 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial-transit permit. Then pl burial, crematian, ar removal, signed by the attending phy Claude H Toombs Cleo Alhin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, ar unknown) (If yes give wor or dates of service Fredrick Ra 18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) attending physician. DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO ficate has been s far use as the b Health priar ta b stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? NO O FUNERAL DIRECTOR: After this certificate 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. foctory, street, affice bldg, etc.) of work at wark 21. I certify that (1) (this hospital) attended the deceased from 19____, that (I) (we) last . to be retained sow the deceased alive an December 16 19 67, and that death accurred at 9:50 M, from causes and an the date stated above 220 SIGNATURE 22b DATE SIGNED DIRECTOR MD 22c PHYSICIAN 22d ADDRESS NAME (Type) 23b DATE THEREOF LOCATION (City or Town BJR AL CREMATION. (State) (County) CREMATORY WASHIW 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE



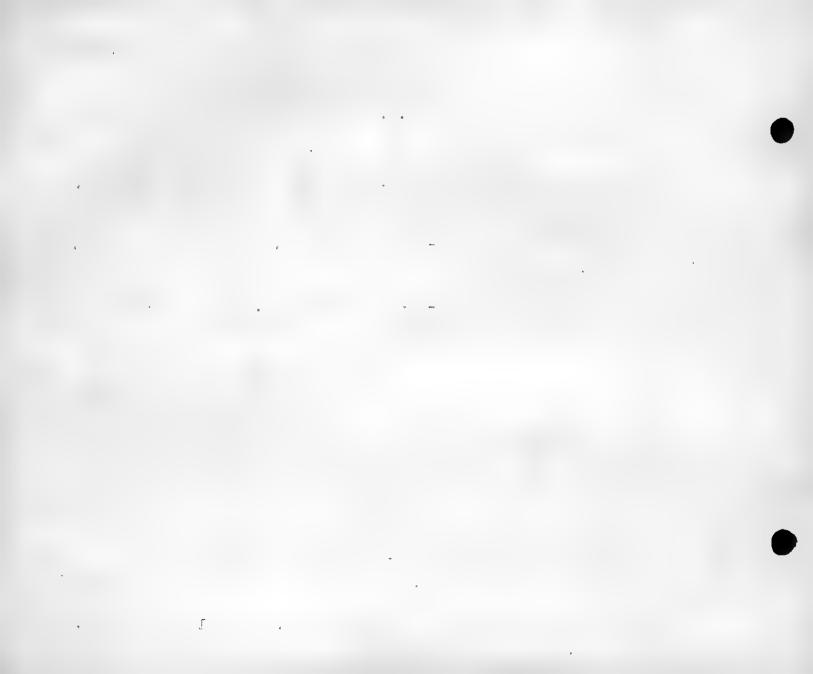
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16396 CERTIFICATE OF DEATH 16387 haurs ofter death. eath. and funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Anne Arundel MARYLAND Maryland Anne Arundel b CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Annapolis Days Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) £ d. STREET ADDRESS IS RESIDENCE ON A FARM? Anne Arundel General Hospital 102 Woods Avenue YES NO. 3 NAME OF 4. DATE Year DECEASED (Type or print) signed by the ottending physicion and completed burial-tronsit permit. Then pleose remove case burial, cremation, or removol, ond in ony event, William Henry REDELIUS DEATH December requires that the death certificate be executed S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF SIRTH 9. AGE (n years IF UNDER 1 YEAR IF JNDER 24 HRS lest birthdoy) Months Male White May 20, 1904 Hours WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT INDUSTRY COUNTRY? S. Maryland General Motors 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick Redelius Higdon IS WAS DECEASED EVER IN US ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give wor or dates of service) Mary N. Redelius, same as 2 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: CONSET AND DEATH IMMEDIATE CAUSE (a) be retoined by the hospital or ottending physicion. DUE TO Conditions, if any, which gove (b) rise to immediate couse (a). DUE TO far use os the to Health prior to b stating the underlying cause TO FUNERAL DIRECTOR: After this certificate hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part Lor Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Harne, form (City or town) (County) (State) Hour to m. foctory, street, office bldg., etc.) Not While ot work L g Q 21. I certify that (1) (this hospital) ottended the deceased from. saw the deceased alive an December 2819 67, and that depth accurred at M, fram dauses and an the date stated above. 22a. SIGNATURE DATESIGNED ATTENDING eren M.D. DIRECTOR director, page Poge 4 may b 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) GOMIMA ette a PH 121 230 BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) REMOVAL (Specify) Elkridge, Howard Buria Jan. 68 Md . Mondouridge Hemorial LK ADDRESS 250, REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b REG.STRAR'S SIGNATURE VR A15 (4 25M 1/67 DATEJAN Kirkley Fineral Home, Glen Lurnie, 16. 21061



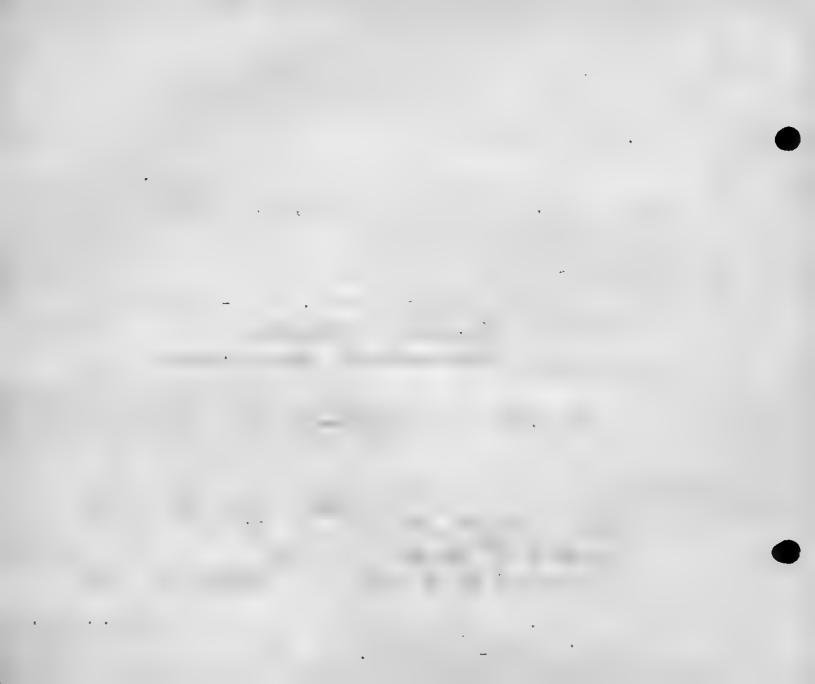
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1639 13388 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death funeral 1 and and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, funstitution. Residence before admission a. COUNTY o. STATE b. COUNTY MARYLAND by the f b CTY OR TOWN (if autside corporate I mits, c LENGTH OF STAY IN 16 CHIT OR TOWN autside carparate limits, write RURAL and live nearest tawn) 10-WEEKS papers. .⊑ HOSPITAL OR INSTITUTION (If not in hospital, give street oddress d STREET ADDRESS IS RESIDENCE ON A FARM? filled ar removal, and in any event, within YES NO I NAME OF remave carban 4. DATE Month Day Year attending physician and completely permit. Then please remave carban DECEASED Type or print 0F DEATH 5 SEX IF UNDER 24 HRS **NEVER MARRIED** 9. AGE (In years last birthday) Months Days Haurs WIDOWED DIVORCED 10a 1JSJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR & State, or foreign country) 12 CITIZEN OF WHAT **INDUSTRY** COUNTRY? Our 13. FATHER 5 NAME 14. MOTHER'S MAIDEN NAME NAUGH 6 16 SOCIAL SECURITY NO INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) (If yes give war or dates of service) burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), PART I DEATH WAS CAUSED 8Ysigned by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician. **DUE TO** Canditians, if any, which gave rise to immediate cause (o), DUE TO stating the underlying cause as the prior tal this certificate has been las† PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) ((ounty) (State) Haur o.m. While Not While factory, street, office bldg., etc.) at wark at wark TO FUNERAL DIRECTOR: After þ 21. I certify that (I) (this haspital) attended the deceased from 12 , that (I) (we) last page 3 shauld be filed with the saw the deceased alive an and that death accurred at APM, fram causes and an the date stated above. 220-SIGNATURI 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS. 22c PHYSICIAN'S NAME (Type) ADDRESS director, shavid b **BURIAL CREMATION** 23b DATE THEREO! NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify)
Burial Oakwood Cemetry
ADDRESS 25 12/20/67 Richmond. Virginia REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 250. REC D 8Y REGISTRAR VR A15 (4) 25M 1/67 Raymond C. Fink Glen Burnie, Md. 9 DATE OF C



1	MARYLAND STATE DEP		
FOR STATE A	1 10037	CERTIFICATE OF REATH	16389
orges 1, 2, and 3 to Poges 1, 2, and 3 to Poge 1, 2, and 3 to State Department of Stat	PLACE OF DEATH a, COUNTY Anne Arundel b CITY OR TOWN (I outside corporate limits, write RURAL and give nearest town) Annapolis D.O.A.	2 USUAL RESIDENCE (Where deceased lived, if not fution Re o. STATE Maryland c CITY OR TOWN (If outside corporate limits, write RURAL are Crownsville	asidence before admission) d give nearest town)
form form	d NAME OF HOSPITAL OR INSETTUTION (If not in hospitol, give street oddress) Anne Arundel General Hospital	d STREET ADDRESS Rt. 2, Box 606A	e IS RESIDENCE ON A FARM? YES NO -
24 haurs after death 1 in Item 18. Give Pages r's Office alang with far ss 1 and 2 with the State office death.	3. NAME OF First Middle RE DECEASED (Type or pant) CLEMENTINE E.	CIER lost 4 DATE Month OF DEATH December	Doy Year 9, 19 67
s afte 18. G alam alam alam alam alam alam alam ala	S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH 4/9/1930 9 AGE (In years lost birthdoy) AGE (In years lost birthdoy) Mon 37 yrs	NDER I YEAR FUNDER 24 HRS Iths Doys Hours Min
24 haurs after de in Item 18. Give f er's Office alang w es land2 with the after death.	TDO LSUAL OCCUPATION (G ve kind of work done during most of working life, even of retired) HOUSEWITE TO BE KIND OF BLSINESS OR INDUSTRY	If BIRTHPLACE (Stote or foreign country)	12 GIZEN OF WHAT COUNTRY?
vithin 24 benal in aminer's e pages ours afte	73 FATHERS NAME Walter Galenski	fa mothers maiden name Anna Zalesuski	
be executed within "pending" in pencli lief Medical Examine insit permit. File pagi	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 030-22-6049		address)
This certificate should be executed within 24 cate, writing the ward "pending" in pencil in se farwarded to the Chief Medical Examiner's be used as a burial-transit permit. File pages remaval, and in any event within 72 hours after	IB CAUSE OF DEATH (Enter only one couse per ne for (a) (b) and (c) PART I. DEATH WAS CAUSED BY. S X/. Conditions, if ony, which gave inse to immediate cause (a), stating the underlying couse (b) DUE TO (c)	(Husband) of Liver	NTERVA, BETWEEN ONSET AND DEATH
This certificate, writing be farward.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO		19 WAS AUTOPSY PERFORMED? YES X NO
	PRIMARY I OF CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PL/	(Enter noture of injury in Port Lor Port Lof Item 18.) ACE OF INJURY (Home, form, 201 (City or town)	(County) (State)
EPUTY MEUTCAL EXAM issory, please execute the funeral director. Page 4 ay be retained for your interact Director. Page 4 the prior to burial, cremary.	21. I certify that I took charge of the remains described above, he death resulted from Natural causes . Accident . Suit ACTUAL SIGNATURE . Werner U. Spit, M.D.	cide, Homicide, Undetermined manner CHIEF MEDICAL EXAMINER M D	22 DATE SIGNED
VR A15ME (\$)	230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR REMOVAL Specify 12/13/67 Fort Linco 24. FUNERAL DIRECTOR Nalley's Funeral ADDRESS Mt. Ra Home Inc. Marylan	In Com. Commer Man O	(County) (State) P. M.C. RRS SIGNATURE CONCESSIONATURE



1	PLACE OF DEATH		ATE OF DEATH		16390
**	e. COUNTY		2. USCAL RESIDEN	CE (Where deceesed lived, If Institu b, COUNTY	ition: Residence before
_	Anne Arundel	MARY	LAND Maryla	and Ann	e Arundel
	 CITY OR TOWN (if outside corporate write RURAL and give nearest lown) 	e limits, c. LENGTH OF STA	Y IN 1b c. CITY OR TOWN	If outside corporate limits, write RUR/	AL and give necrest to
	West River		Rural	West River	0#-1
	d. NAME OF HOSPITAL OR INSTITUTION	ION (if not in hospital, give street eddre	ess) d. STREET ADDRESS	1000 11TA GE	n. IS 8
					ON
3	Residence West	Kiver (Rural)	11		YES
	DECEASED	Middle	Last	4. DATE Month OF	Day Yes
_	(Type or print)		RENEHAN	Dec.	27 19
5.	SEX 6. COLOR OR R	RACE 7 MARRIED NEVER MARRIES	B. DATE OF BIRTH	9. AGE (In years IF U)	
	female Caus.	WIDOWED DIVORCED	D [11] - 20 100	70 yrs. Mon	nths Doys Hours
10	. USUAL OCCUPATION (Give kind of	F work 106, KIND OF BUSINESS OR	INDUSTRY IT. BIRTHPEACE (Cour		2. CITIZEN OF WHAT
d	one during most of working life, even if r	retired)			
12	<u>telephone operate</u>	or public uti		nd .	USA
,,,	THE STATE		14. MOTHER'S MAIDEN	NAME	
	Bernard Norris WAS DECEASED EVER IN U.S. ARMED		Ielia	Hayden	
15 Y	WAS DECEASED EVER IN U.S. ARMED is, no, or unknown) (Ifyas give war or dete	FORCES? 16. SOCIAL SECURITY NO	O. 17. INFORMANT	Address	
,		500 013 43M	James J. Renel	nan - same as #2	o horse
.Ca.	18. CAUSE OF DEATH [Enter only	y one cause per line for (e), (b), and (c	- Adries of trailer	ion some_as TZ.	INTERVAL B
	PART I, DEATH WAS CAUSED BY	BY: Assessed dia 1	in danation	м	ONSET AND
	IMMEDIATE CAUSE	SE (0) Trade conception	. July Charles		1824 -61
					/9
		ETO Of the insale	rated hoov	+ disease	a una
	Conditions, if any, which	(b)_ arterioxele	rotal hear	t desiare	yea
	Conditions, if any, which geve rise to immediate cause	(Latel englise	rotal hear	t disiare	yea
	Conditions, if any, which	(b) Urterioxcle	rotel hear	t desiare	yea
NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause less.	(b)_ arterioxele	rofel dear		yea
ATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause less.	(b) Urterioxele (c)	rofel bear		PERF
FICATION	Conditions, if any, which gove rise to immediate cause (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CO	(b) Writerioxele JE TO (c) ONDITIONS CONTRIBUTING TO DEATH CLE ONDITIONS CONTRIBUTING TO DEATH	Rofluenza	NAL DISEASE CONDITION GIVEN IN	Ye a PART 1(e) 19. WAS PERF YES
ERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	(b) WITE LOACE (c) ONDITIONS CONTRIBUTING TO DEATH 20b. DESCRIBE HOW INJURY (HOUT NOT, RELATED TO THE TERMINOSCURRED. (Enternature of injury i	NAL DISEASE CONDITION GIVEN IN	PERI
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	Conditions, if any, which geve rise to immediate cause (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CO 20a. ACCIDENT WAS UNDERLYING OP CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINATION CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINATION CONTRIBUTING OF CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINATION CONTRIBUTION CON	(b)	OFTURNED. (Enter nature of injury i	NAL DISEASE CONDITION GIVEN IN In Part 1 or Part II of item 1B.)	PERF
MEDICAL CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CO 20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMIN	(b) WITCHOLDS JE TO (c) ONDITIONS CONTRIBUTING TO DEATH ATH INER) 20b. DESCRIBE HOW INJURY (C)	offuenga	NAL DISEASE CONDITION GIVEN IN In Part 1 or Part II of item 1B.)	YES PERF
	Conditions, if any, which geve rise to immediate cause (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CO 20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CITY CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMIN 20c. TIME OF INJURY Month, Dey Hour e.m., p.m.	(b) CUTTERION (C) (c) ONDITIONS CONTRIBUTING TO DEATH ATH INER) 20b. DESCRIBE HOW INJURY (C) While Not While of work of w	20e. PLACE OF INJURY (Home, ferr factory, street, office bldg., etc.	n Pert 1 or Part II of item 1B.)	YES (County)
	Conditions, if any, which gove rise to immediate cause (a), sleting the underlying cause lest. PART II. OTHER SIGNIFICANT.CO 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [I] CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMIN 20c. TIME OF INJURY Month, Day Hour e.m., p.m. 21.	(b) CUTTERION (C) (c) (c) ONDITIONS CONTRIBUTING TO DEATH (d) ONDITIONS CONTRIBUTING TO DEATH (e) ONDITIONS CONTRIBUTING TO DEATH (c) ONDITIONS CONTRIBUTING TO DEATH (d) ONDITIONS CONTRIBUTING TO DEATH (e) ONDITIONS CONTRIBUTING TO DEATH (e) ONDITIONS CONTRIBUTING TO DEATH (e) ONDITIONS CONTRIBUTING TO DEATH (f) ONDITIONS CONTRIBUTING TO DEATH (h) ONDITIONS CONTRIBUTING TO DEATH (e) ONDITIONS CONTRIBUTING TO DEATH (h) ONDITIONS CONTRIBUTIN	20e. PLACE OF INJURY (Home, ferr factory, street, office bldg., etc	n Pert 1 or Part II of item 18.] n, 20f. (City or town)	(County)
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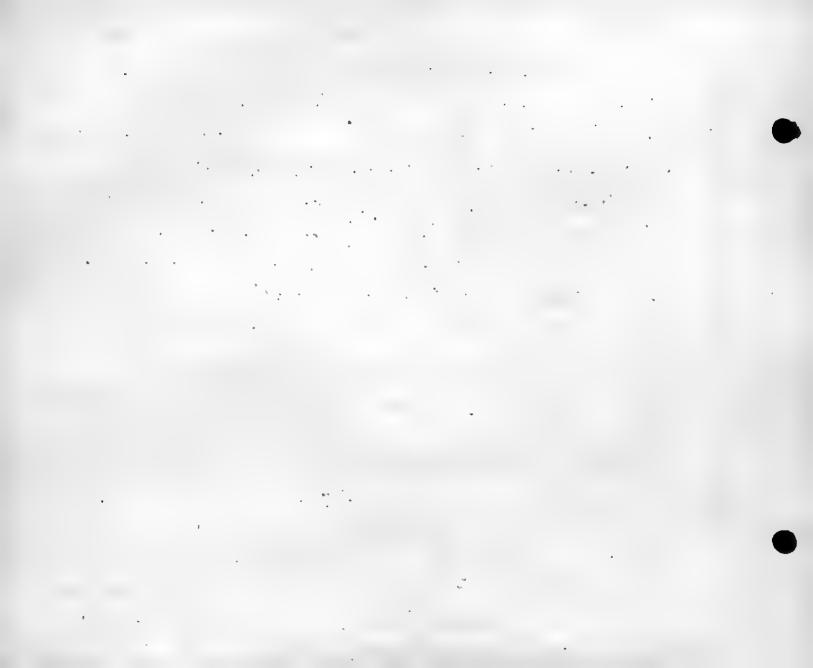
The a non		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
- ap	_	16400 CERTIFICATE OF DEATH 16391	
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9.8		RT. 2 BOX 419 RT. 2 BOX 419 YES NO X	
nplete paper 72	3.	NAME OF First Midd a Last 4. DATE Month Day Year DECEASED (Typa or print) CHARLES V. ROCK DEATH DEC 30 1967	
e be ex and cor carbon nt, withir		SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. MALE WHITE WIDOWED DIVORCED 5-10-94 73 yrs. Months Days Hours Min.	_
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squires th hysician, ned by th if permit, on, or rem		18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE AB CENTRALIZED CARCINOM ATOSIS MODELLING ATOSIS	
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NDING sined by R: After detache	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED OCCURRED Society, alreet, office bldg., etc.) 20e. PLACE OF .NJURY (Home, farm, factory, alreet, office bldg., etc.)	
ATTE be refreshould be State Dep		21. 1 certify that (I) (this hospital) attended the deceased from JULY 3c 1963 to DEC. 3c	ve,
AL AL Shirthe Shirthe Sh		arthur Lanksford J. md ATTENDING MED. STAFF PHYS. 12-30-6	
HOSPIT ath. Pag ector, pa filed wil		NAME (TYPO) ARTHUR LANKFORD JR. MD 2934 MOUNTAIN RD PASADENA, MD.	To and
death. TO FUI	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION [City, lown or county] (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION [City, lown or county] (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION [City, lown or county] (State)	
YR A15 (4)		FUNERAL DIRECTOR'S SIGNATURE OWARD H. HUBBARD 4107 WILKENS AVE. 21229 ADDRESS ADDRESS DATE 258. REC'D BY REGISTRAR 256. REGISTRA'S SIGNATURE DATE ADDRESS ADDR	

MARYLAND STATE DEPARTMENT OF HEALTH

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	MARTLAND STATE DEPARTMENT OF HEALTH				
1	16401 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
· //	CERTIFICATE OF DEATH 16392				
- and	i. 0	DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR			
eath and		Type or print) Chas (CS W. Koss / Month 2015 Year 7 M			
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ithin 24 hilled on paper with 272	10	CITY OR TOWN OF DEATH OF THE PROPERTY OF INSTITUTION (If not in hospital during most of york in give prepaddress) 12b. KIND OF BUSINESS OR INDUSTRY			
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ertificate be physician o sen please aval, and in	160	(AS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 219-12-32 (2) Indigenous war or dates of service) 219-12-32 (2) Income Tours of Service)			
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Teath the haspital or attending physician. The haspital or attending physician and campletely filled in by merting this certificate has been signed by the attending physician and campletely filled in by merting stacked for use as the burial transit permit. Then please remove carban papers. Pages and 2 Dept. of Health priar to burial, crematian, or remaval, and in any event, within 27 nours after death.		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)			
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ng en tak	z				
TO HOSPITAL OR ATTENDING PHYSICIAN: THe law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burnal-transhould be filed with the State Dept. of Health prior to burnal, creating the state Dept.	CERTIFICATION	19th CONDITION FOR WHICH OPERATION WAS PERFORMED 20th AUTOPSY? YES NO 20th IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
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rsical aspiration of the certification of the certi	MEDICAL	(If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. (OCATION Street or R.F.D. No. City or Town County State			
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OR ATTENDING be retained by 11 MRECTOR: After 1 e 3 shauld be d ed with the State		22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an			
TTEN Paulo Paulo Phaulo		causes stated above, (i) (we) (did) (did not) view the body after death. 226. DATE SIGNED			
OR A be rei DIREC Jed WI		DEGREE PHYS DIRECTOR DIRECTOR 11. L6-L7			
TO HOSPITAL OR Page 4 may be in the Funeral Director, page 3 should be filled a		22d. PHYSICIAN'S / ALEFY 22e. ADDRESS			
Page 100	230	REMOVAL (Specify) 236. DATE 236 NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) & (County) . (Stote)			
VR AIR	24	FONERAL DIRECTOR 4 ADDRESS 250. RECD BY REGISTRAR C 1256. REGISTRAR'S SIGNATURE			
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of any and the second		MARYLAND STATE DEPARTMENT OF HEALTH	
44		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE /		16402 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 163	0.3
FOR STATE		inedical examiner 3 certificate of Death 100	017
HEALTH DEPT.		PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residen COUNTY 5 STATE 5 COUNTY	ce before odmission)
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		CITY OR TOWN (floutside corporate mits.	e neorest town)
MA3		Write RURAL and give nearest John Burnes Baltimore Baltimore	· •
\$ 10 mg		NAME OF HOSPITA, OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS	e S RESIDENCE ON A FARM?
State Depart		North Arundel Hospital 333 Crosswell Rd.	YES NO TE
		NAME OF First Middle Lost 4. DATE Month	Doy Year
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n 2 n n 2 n n ar in a n a n a n a n a n a n a n a n a n		FATHER'S NAME 14 MOTHER'S MAIDEN NAME	0.041
within 24 hours after d penal in Item 18 Give caminer's Office along v le pages Iand2 with the hours after death		Walter Rowe Unk	
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s certificate should be executed within 24 hours of writing the ward "pending" in pencil in Item 18 farwarded to the Chief Medical Examiner's Office a used as a burial-transit permit. File pages I and 2 wows, and in any event within 72 hours after death	(Ye	no, or unknown) ((If yes give wor or dotes of service) Family Same	
ndir Mec per with	h	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	INTERVAL BETWEEN
should be e te ward "per a the Chief f burial-transit		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Excanoning tion	ONSET AND DEATH
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the		Conditions, if any, which gave) (b) Laceration of the arm	
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L EXA ecute Page or you R: Pag		2). I certify that I took charge of the remains described above, held an Autopsy (x), Inspect an (), Inquiry (),	and in my opinion
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TY 77. F sral 5e r 8AL orial		EXAMINER'S DEPUTY MEDICAL EXAMINER	
o DEPUTY MEUTC. necessary, please enthe funeral director s may be retained of FUNERAL DIRECT		Address (Charles of the community)	er 30, 1967
	230	BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
5 = = 2		Burie 1/2/68 Glen Haven Cem Glen Burnie	AA Co Md
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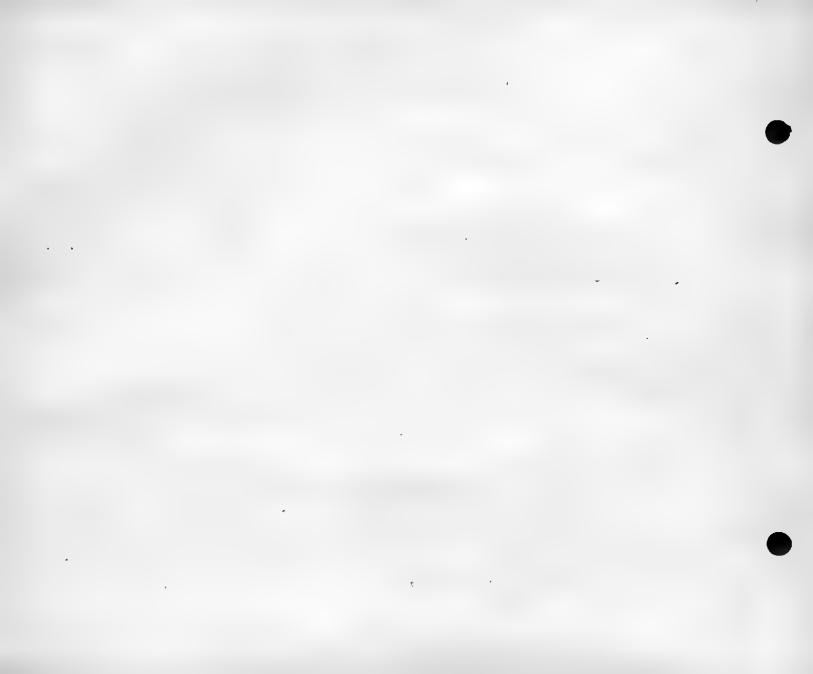
to do MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16403 CERTIFICATE OF DEATH 16394 The law requires that the death certificate be executed within 24 hours ofter death. ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Pages, hours of b_CITY OR TOWN (If outside corporate limits. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) 0415 .= NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? completely filled URSING ond in any event, within YES 🗍 NO.K corbon Middle 4. DATE Month Year DECEASED OF SANdS (Type or print) EFF /C DEATH **6 COLOR OR RACE** 7 MARRIED NEVER MARRIED 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS гетто Manths Haurs WIDOWED DIVORCED and 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OF 12 CITIZEN OF WHAT attending physicion a during mast at working life even if retired) COUNTRY? 13 FATHER S_NAME cremation, or removal, 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMAN' (Yes, no, of unknown) (If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY-INTERVAL BETWEEN the signed by the buriol-transit buriol, cremati ONSET AND DEATH IMMEDIATE CAUSE (o) by the hospital or ottending physician. DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO for use as the lift Health prior to b stating the underlying cause hos been (c) PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? NO IO FUNERAL DIRECTOR: After this certificote TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part II of item 18) 20o ACCIDENT WAS UNDERLYING [be detoched for State Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c T-ME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. Not While factory, street, affice bldg, etc.) 21 I certify that (1) (this haspital) attended the deceased fram 19<u></u> that (I) (we) last deoth occurred of saw the deceased alive an from causes and on the date stated above. 22m SIGNATUREA 22b DATE S GNED **ATTENDING** STAFF PHYS. director, page 3 should be filed v MD DIRECTOR PHYS 22c. PHYSICIAN ! 22d NAME (Type) BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town FUNERAL DIRECTOR 25g RECD BY REGISTRAR REG STRAR S SIGNATURE 256 VR A15 (4 25M 1/67



_	16404 CERTIE	ICAI	E OF DEATH	1639
1.	PLACE OF DEATH	I		acassed lived, if institution, Residence
	Anne Arundel Mary	LAND	* Maryland	Anne Arun
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If outside con	poreta limits, write RURAL end give na
	rds de day naret town) 14 yrs		Pasadena	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat addr	ess}	d. STREET ADDRESS	
	9 Winding Woodsway		9 Winding Woo	dsway
3.	NAME OF First Middle DECEASED		Last 4. DATE OF	Month Day
	(Type or print) PAUL F.		CHAFER DEAT	December 14
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	D B.	DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR Months Days
	ale White WIDOWED DIVORCE			43 yrs.
10 de	USUAL OCCUPATION (Give kind of work one during most of working life, even if ratirad)	INDUSTRY	11. BIRTHPLACE (County & State, o	r foreign country) 12, CITIZEN OF
	Pipefitter F.M.M. Inc.	Co.	Baltimore, Mar	yland U.S.
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Paul H. Schafer		Antoinie	Rosenboom
15 (Y	WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY Nes, no, or unknown) (If yes give war or dates of mervice)	O. 17. IN	FORMANT	Address
		5 Pea	rl F. Schafer -	wife - Same as #
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)			INTE
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	بمنب		
	/ / Y DUE TO			
	Conditions, if any, which \ (b) freme			3
	gave rise to immediate cause (a), stating the underlying DUE TO			
	cause last. (c) CA O+	16	ECTUM	
N O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a) 19.
CERTIFICATION				YE
STIFF	208. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY	OCCURRED.	(Entar nature of injury in Part I or Par	t II of item 1B.)
	OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER			
MEDICAL			E OF INJURY (Home, farm, 20f. (Ciry, streat, office bldg., etc.)	ly or town] (County)
MED	Hour a.m. While Not While at work at work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	21. I certify that (I) (this hospital) attended the decease	d from5	JAN 1960 10	DEC 196/th
	saw the deceased alive on DEC 13 19.67, a	nd that d	leath occurred at 4. P. M. from	the causes and on the date
	220 SIGNATURE			
	C. Vail Arel	M.D	ATTENDING MED.	STAFF PHYS.
	22c. PHYSICIAN'S		22d. ADDRESS	1 7 7
	NAME (Type) C. Earl Hill, M. D.		395 Ft. Smallwc	od Rd., Pasadena,
	B. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF C	METERY O	R CREMATORY 23d. LO	ATION (City, lown or county)
23	B. BORIAL, CREMATION, 230. DATE THEREOF			
_	REMOVAL (Specify) 18 Dec. 1967 Glen Hav	en Me	morial Pk. Gla	<u>n Burnie, Maryla</u>
24	REMOVAL (Spacify)		25a, REC'D BY REGI	STRAR 256. REGISTRAR'S SIGNATURE 1967



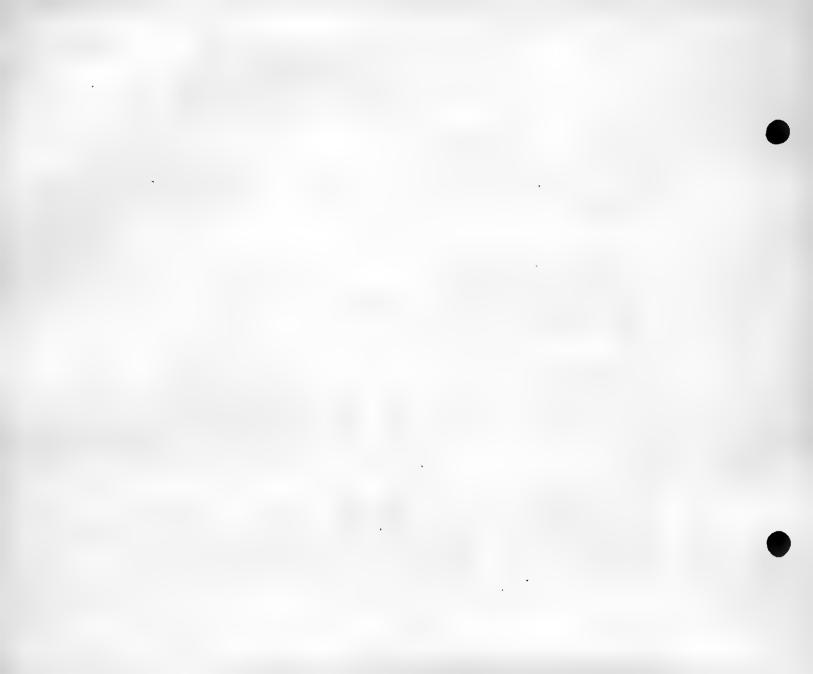
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16405 CERTIFICATE OF DEATH deot. The law requires that the deoth certificate be executed within 24 hours ofter death and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Anne Arundel MARYLAND Maryland Anne Arundel Pages 1 b CITY OR TOWN (If outside corporate mits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate Emits, write RURAL and give nearest town) write RURAL and give nearest town) Sherwood Forest Annapolis .⊑ d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) on a Farm? d. STREET ADDRESS corben popers Anne Arundel General Hospital NO W 715 Robin Hill YES NAME OF Middle 4 DATE Doy Year completely **DECEASED** OF December SCOTT (Type or print) Lysander 19 67 signed by the ottending physician ond complet burial-tronsit permit. Then pleose remove cor buriol, cremation, or removal, ond in ony event Frank 9. AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** lost birthday) 84 yrs Months Doys Haurs White WIDOWED Male DIVORCED October 21,1883 100 USUAL OCCUPATION (G ve xind of work done du land most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHA? COUNTRY? lowa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, grunknown) (If yes give wor or dates of service) 212-09-9415 F. BERTRAM # 7 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART | DEATH WAS CAUSED BY: INTERVAL BETWEEN 4 ON STAND STATH Myocardial infarction IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospitol or attending physicion. DUE TO many Arteriosclerosis Conditions, if any which gave vears rise to immediate couse (a), DUE TO stating the underlying couse prior to t PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS ALTOPSY PERFORMED? CERT-FICATION be detached for use State Dept. of Health Ileus due to I (a) Septicemia due to ileus. above. YES TRETO NO [10 FUNERAL DIRECTOR: After this certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 18) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour a.m. foctory, street, office bldg., etc.) ot work at work 21. I certify that (I) (this haspital) attended the deceased from Aug 19, 1965 to Dec 23, 1967 that (I) (we) last saw the deceased clive an Dec 23 1967, and that death occurred at 7:22% from couses and an the date stated above. director, poge 3 should should be filed with the saw the deceased olive an Dec 23 22o. SIGNATURE 22b DATE SIGNED STAFF PHYS Dec 24. 1967 M.D. 22d ADDRESS 16 Murray Avenue W. Kinzer, M. D. NAME (Type) Charles Annapolis, Maryland 21401 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, DATE THEREO (Stote) PINE GROVE UNITED 24 FUNERAL DIRECTOR 25b REGISTRAR VR A35 (4)



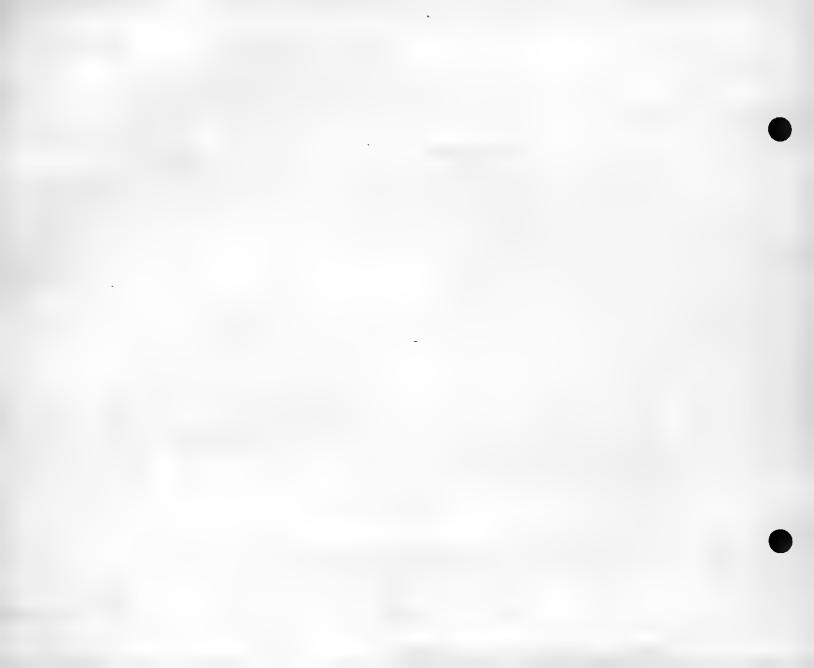
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within 24 hou ban papers.	10. CITY OR FOWN OF DEA	ville	give street odd	sville	110N(If not in hospitol State Hos	m poinub Ta	ilroad	(Kind of work d life, even if cetire Ingine	ed.) INDUSTRY	F BUSINESS OR
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emo dany	14 FATHER'S NAME	irst	Middle	Lost	15 MOTHER'S	MAIDEN NAME F		M.dd		Lost
be n ar se rin din	Theor		Μ.	Seal		Annie				icks
sicial Sleas	160. WAS DECEASED EVER	IN US ARMED FOR		IAL SECURITY NO	17 INFORMANT			Addre		
rtıfi phy en g	Yes, no, or unknown) NO			known	Hospit	tal Rec	<u>ords, [</u>	rownsv	ille Mar	vland
he death cer e attending p permit. The tian, ar rema	18. CAUSE OF DEAT	H (Enter only one o WAS CAUSED BY:							BETWEEN	OHSET AND GEATH
end mit.		IMMEDIATE CAU	SE (o)Sep	<u>ticemia</u>						
aff aff	0011		UE TO, OR AS A CONS							
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tright by the state of the stat	stating the underly	ing couse D	UE TO, OR AS A CONS	EQUENCE OF						
V: The law requires the ar attending physician are has been signed by use as the burial-trains of the prior to burial, cre		TEICANT CONDITION	(C)	DEATH RUY NOT R	ELATED TO THE TERMI	MAL DISEASE OR (ONDITION GIVE	IN PART I/o	<u></u>	
n sign	11		_			TWIL GISLAND GIV				
law ndin bee s th iar t	Hyperto 190. DATE OF OPERATE 210. ACCIDENT WAS	ON 19b. CONDIT	ON FOR WHICH OPER	ATION WAS PERFOR	MED 200 AU	JTOPSY?			NGS CONSIDERED IN	CERTIFYING
The after has has has has	D I I				YES (NO Z	CAUSES	OF DEATH?		
ar ar eath			116 TIME OF INJURY	- 4	21c HOW INJURY O			y in Part I or Pa	rt 2, Item 18.)	
CCIA Siteland Sitelan	OR CONTRIBUTING [lical examiner)	P.M.	Day Yeor 19						
OR ATTENDING PHYSICIAN: The law rebe retained by the hospital ar attending SIRECTOR: After this certificate has been je 3 should be detached far use as the ed with the State Dept. of Health priar tal	21d. INJURY OCCURE While Not white of work at work	ED 21a PLACE	OF INJURY (AT HOME, OFFICE BU)	FARM, STREET, FACTORY, HIDING, ETC.	21f. LOCATION St	treet ar R.F.D. No	. City	ar Tawn	County	State
NG V th rear the date of the date	22a. I certify th	at 44 (this has	pital) attended t	he deceased f	rom12/9		67, ta	12/29	, 19_67_, tha	t (ii) (we) last
NDI Para Para Para Para Para Para Para Par	22a. I certify the saw the de	ceased alive a	n_12/29	19	5.7, and that in ((my) (aur) ap	inian death c	ccurred an th	e date and havi	and from the
P Sain Sain Start	22b SIGNATURE	ed abave, (I) (we) (did) (did not) view the bad	y aπer death.				22c DATE SIGNED	
OR A De rel	220 SIGNATURE	nllle	11/1/15	-	DEGREE PHYS.	DING [7]	MED DIRECTOR	STAFF PHYS.	12/29/6	7
N D N D D D D D D D D D D D D D D D D D	22d, PHYSICIAN'S	110-00			111130	DDRESS	IRECTOR -	rais.		
TO HOSPITAL OR ATTENDING Page 4 may be retained by the funeral DIRECTOR: Affer director, page 3 should be director, should be filed with the State	NAME (Type)	L. Ber	edict, M	,D.	Cr	rownsvi	lle Sta	ate Hos	p., Mary	Land
HOS Ge 4 Gecto outo	230 BURIAL, CREMATION,	23b. OATE	23	c. NAME OF CEM	TERY OR CREMATORY	1	23d LOCATIO	N (City or Town)		(State)
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VR A15:14	24. FUNERAL OIRECTOR					2500 RECIDIE	BY REGISTRAR	25b REGIST	RAR'S SIGNATURE	HE.
30M REV. \$ 68	John A. A	pran In	C. 3000 2	- Balto	St. Ralta	DATE & AT	2 101	AH KUU	Con Am	0



~ -	MARYLAND STATE DEPARTMENT OF HEALTH
-9]	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	1640' MEDICAL EXAMINER'S CERTIFICATE OF DEATH 18398
HEALTH DEPT.	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed ved, if institution Residence before damission)
Poge Poge	O. COUNTY A A CO MARYLAND O STATE AS D b. COUNTY MA CO
delay ond 3 t M3. Pag	b CITY OR TOWN (If outside corporate Imits, write RURAL and give nearest town) c (EENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
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	d NAME OF HOSPITAL OR INSTITUT ON (If not in hosp to, give street address) d STREET ADDRESS log Post-Road ves [] NO Delay
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thin 24 hours ofter death Incil in Item 18. Give Pages niner's Office along with far pages I and 2 with the State, urs ofter death.	3 NAME OF First Middle Last 4 DATE Month Doy Year DECEASED (Type or print) Dwight R. Simin 5 DEATH 12 14 1967
fter Giv ong th ti	S SEX 6 COLOR OR RACE 17 MARPIED NEVER MARPIED TO BE A DATE OF BIRTH 9 AGE IN YOURS 1 FUNDER 1 YEAR 1 IF UNDER 24 HRS
rs of 18. e ald 2 wi	WIDOWED DIVORCED 11-27-1949 OST BIRTHOOY) Months Days Hours Min
hours Item Office I ond 2	100 JSUAL OCCUPATION (Give kind of work done during most of working fe, even frehred) 120 KIND OF BUSINESS OR 11 BIRTUPLACE (State or foreign country) 12 (TIZEN OF WHAT SOUNTRY?)
24 in tris (ir's (LADOREN THAS IN THE MONS, MANYLAND U.S. H.
ed within 24 hours on the second in Item 18. Il Exominer's Office on Item 18. Item poges I ond 2 with 72 hours offer death.	Charles H. SIMMS ESTIER MADEN NAME GAITHER
d with ne Exon	Charles H. SIMMS Esther MAE GAITHER 15 WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address BOX 109 POST Rd
s certificate should be executed within 24 hours ofter death. If a sourting the word "pending" in pencil in Item 18. Give Pages 1, forwarded to the Chief Medical Examiner's Office along with form used as a burial-transit permit. File pages lond 2 with the State Degioval, and in any event within 72 hours ofter death.	(Yes, no, or unknown) (If yes give war or doles at service) 217-46-3332 MR. Charles H. Simins HANOVER, Med
should be execute he word "pending" to the Chief Medical bur al-tronsit permit on ony event within	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),)
be 'pe 'pe 'nef	PART I DEATH WAS CAUSED BY ONSET AND DEATH
ord e Ch	825,4 DUE TO
s should he word to the C bur al-tr	Conditions, if any, which gove (b)
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ertifico writing wardec sed as	DADY I OTHER SIGNE CANT CANDISIONS CONTRIBUTION OF THE PURE NOT DELATED TO THE SECONDARY AS CONDITION CIVEN IN DADY 1(4)
This certificate should be executed within 24 hours ofter death cate, writing the word "pending" in pencil in Item 18. Give Page se forwarded to the Chief Medical Examiner's Office along with the used as a burial-tronsit permit. File pages lond 2 with the Statemoval, and in any event within 72 hours offer death.	PERFORMED? YES \(\text{NO.} \text{NO.} \text{NO.} \text{PS.} \(\text{NO.} \text{NO.} \text{NO.} \text{NO.} \text{NO.} \(\text{NO.} \text{NO.} \text{NO.} \text{NO.} \(\text{NO.} \text{NO.} \text{NO.} \(\text{NO.} \text{NO.} \text{NO.} \(\text{NO.} \text{NO.} \\ \text{NO.} \(\text{NO.} \text{NO.} \\ \te
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INER: 1 should E files. 3 should	PRIMART DI OF CONTRIBUTING CALLS OF DEATH CAUSE OF DEATH CAUSE OF DEATH
	20c TIME OF MIRX Month Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home farm, 20f (City or town) (County) (State)
L EXAM ecute th Poge 4 or your R:Page	pm 12 19 6 of work of work & Highway Bother The
NL E Xector For for al, c	21. I certify that I took charge of the remains described above held an Autopsy . Inspection Inquiry . and in my apinion
MEDICAL Isoleose exect director. Poetonned for DIRECTOR: 10 burlel.	death resulted from Natural causes , Accident . Suic de , Homicide , Undetermined manner .
IIV MEDIC, ry, please e eral direction be retoined RAL DIRECT prior to burier to burie	ACTUAL SIGNATURE ALL SIGNED ACTUAL SIGNATURE MD ASS STANT MEDICAL EXAM NER 222. DATE SIGNED
UTY / pleral ceral ceral cere prior	DEPUTY MEDICAL EXAMINER
TO DEPUTY An necessory, planet the funeral of 5 moy be reconstruction of Funeral the first the f	NAME Type) Address (Street city town or county) Address (Street city town or county)
the sheet	230 BUR AL CREMATION 23b DAY THERROF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Fawn) (County) (State)
	BURING 12/16/67 SAINTS REST CENTERRY HARMONS. ANNE HEUNGLECO MAY 24 JENERAL DIRECTOR 250 REGISTRAR SIGNALIRE 250 REGISTRAR SIGNALIRE 250 REGISTRAR SIGNALIRE
VR A 15ME (5)	HERBERT E. NOTTER 3035 W. North Aug DADEC 20 1967 gellantes Judge
	House of the transfer of the t



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7		16408 DIVISION OF VITAL RECORDS, 301 W. PRESTO	ON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	13399
HEALTH DEPTY		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, it institution R	les dence befare odmission)
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be executed "pending" in lief Medical E insit permit F ent with n 72		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)	O :	INTERVAL RETWEEN
per ef & nsit		PART I DEATH WAS CATISED BY	Infurei	ONSET AND DEATH
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This create, be for semov	CERTIFICATION			YES NO K
	E		(Enter nature of in any in Port Lor Port Lof Item 8)	
EXAMINER: Tute the certific ute the certific uge 4 should by your files. Page 3 should cremation, or		CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH		
= 5 × + c =	MEDICAL		ACE OF NJURY (Home form 20f (City or town)	(County) (Stote)
MEDICAL EXAM lease execute it director Page 4 stained for your DIRECTOR: Page to burial, crema	2			777 00
A Per		21. I certify that I took charge of the remains described above, he		
MEDICAL Selector Personned for DIRECTOR:		deoth resulted from Natural causes . Acc dent . Sun		er 🔛
Merchanic direction of the state of the stat		ACTUAL TELEVISION OF	CHIEF MED CAL EXAMINER	22. DATE SIGNED
		SIGNATURE	DEDUTY MED CAL EVAM A ED.	A
2 0 c . W		EXAMINER'S Line BAKELY.	Address (Street, 1ty town or county)	12-14-67
o DEPI necessor the fun 5 moy 0 FUNE	250	BURIAL CREMATION, 23b DATE THERIOF 23c NAME OF CEMETERY OR	CREMATORY 73d JOCAT ON IC ty a Town	(County) (fote)
		BURING 12/18/67 SAINTS REST	CEMETERY HARMONS, AM	WE ARUNDAL MY.
VR A 15ME (6)		FUNERAL DIRECTOR ADDRESS	250 REC D. BY REGISTRAR - 255 PEGI TR	LARS SIGN LIRE
6M 1/67	14	ERBERT E. NUITER 3035 W. North	4 Aug HE 6 6 1001	10



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1640 CERTIFICATE OF DEATH 18460 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) 哥 o. COUNTY b. COUNTY MARYLAND The law requires that the death certificate be executed within 24 haurs after (If notside cornorate limits, write RURAL and a ve negrest town) b CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 16 write RURAL and give pearest town IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ELUEDERE NO Z YES NAME OF DATE Middle signed by the attending physician and completely burial-transit permit. Then please remave carbon DECEASED OSE DEATH (Type or print) NEVER MARRIED lost birthday). Hours and in any DIVORCED WIDOWED S. Syrs. 12 CIT ZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR F1 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) INDUSTRY 101 = 10 SERVICE 13 FATHER S NAME or remayal, 16 SOCIAL SECURITY NO (Yes no or unknown) (If yes give war or dates of service) BELVEGERE 216-01-3055 AnasL 101 crematian, NTERVAL RETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Myocardial infarction IMMEDIATE CAUSE (a) DUE TO (b) Hypertensive-arter. CVD Conditions, if any, which gove rise to immediate cause (a), DUE TO r this certificate has been si detached far use as the bi te Dept, af Health priar to bi stoting the underlying couse Page 4 may be retained by the haspital ar attending last 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YES [MO 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. (City or town) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (County) (Stote) 20r TIME OF INJURY Month, Day Year foctory, street, office bldg., etc.) Hour o.m. While Not While of work of work TO FUNERAL DIRECTOR: After 21 I certify that (1) (this haspital) attended the deceased fram Oct 1942, 19 fram Oct 1942, 19 ta Dec 7, 1967 that (I) (we) last and that death accurred at 7304 M, fram causes and an the date stated above. 1967 saw the deceased alive an Dec. 7 22b. DATE SIGNED 12/9/67 22o, SIGNATURE M.D. DIRECTOR PHYS ADDRESS O1 Forest Park Ave, Balto Md #7 22c PHYSICIAN'S Yaffe. M.D. Kennard NAME (Type) director, should be 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23o BURIAL CREMATION 23b. DATE THERFOR REMOVAL (Specify) BALTIMORE NATIONAL BALTINORES, 25g, REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE GARATE DEC 20 M 1/6

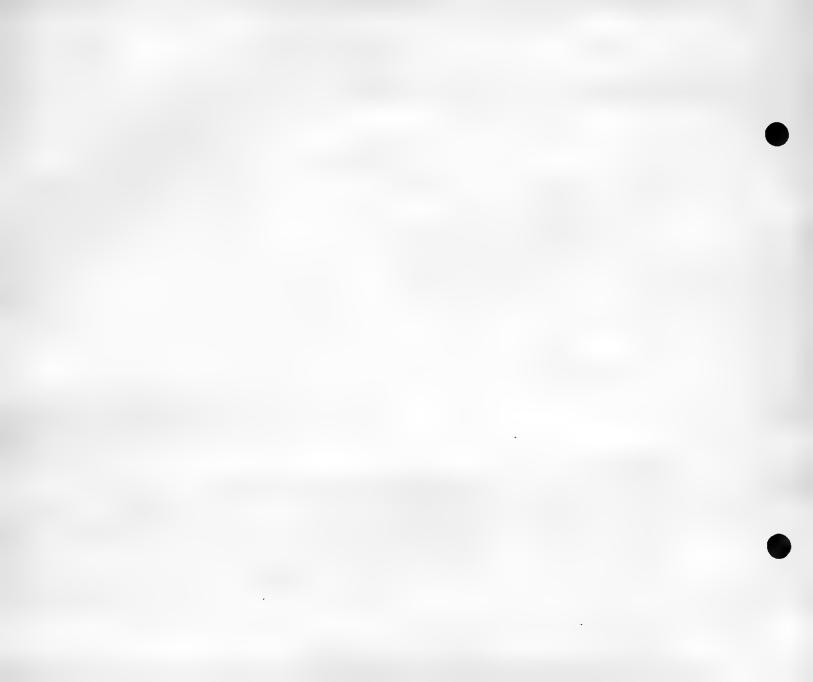
MARYLAND STATE DEPARTMENT OF HEALTH



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05P	rta	230	BURIAL, CREMATIO	N./ 23b. DATE THE	REOF	1 23c NAME OF CEME	TERY OR C	REMATORY	23d. LC	CATION (City or Tow	n) (County)	(State)
H 00 H	e specific		KEMOVAL (Specify)	12-18	67	WOODF	10/A)		GA	lesuille-	ARCO	Mind
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16411 CERTIFICATE OF DEATH the funeral sages 1 and 2 The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY o. STATE b. COUNTY haurs after MARYLAND c LENGTH OF STAY IN 16 c CITY/OR YOWN (If autside corporate limits, write RURAL and give nearest town) IOWN (If outside corporate limits, e IS RESIDENCE ON A FARM? d STREET ADDRESS INSTIT JOS! (If not pachospitol, give street oddsess) within 7 filled NO DX YES NAME OF DATE DECEASED ÔF (Type or print) DEATH signed by the attending physician and camplet buriat-fransit permit. Then please remave car burial, crematian, ar removal, and in any event, IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS NEVER MARRIED Months lest bythdoy) Days Hours DIVORCED WIDOWED 100/USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT INDUSTRY MOTHER'S MAJDEN NAME 13. FATHER 5 NAME 14 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or uningown) (If yes give wor or dotes of service) INFORMANT 16. SOCIAL SECURITY NO 17. IB. CAUSE OF DEATH (Enter only one couse per life for ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse director, page 3 shaved be detached for use as the should be filed with the State Dept. af Health priar ta the has been PART II OTHER SIGNIFICANT/CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY PERFORMED? NO YES FUNERAL DIRECTOR: After this certificate by the haspital ar OR ATTENDING PHYSICIAN: 20o ACC DENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port Lor Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, TIME OF NJURY Month, Day, Year (City or fown) (County) (State) Hour 'o.m. factory, street, office bldg., etc.) Not White of work 21. I certify that (I) (this hospital) attended the deceased from be retained and that death accurred of M. fram causes and on the date stated above saw the deceased alive ap 22c SIGNATUR 22b. DATE SIGNED MED. DIRECTOR ATTENDING M D PHYS PHYS 22c. PHYSICIAN'S 22d. **ADDRESS** NAME (Type) OF CEMETERY OR CREMATORY 230 BUR AL, CREMATION DATE THEREOF (County) 23b 230 2 75b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH 16412 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10403 The law requires that the death certificate be executed within 24 haurs after death. funeral s 1 and death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before adougstion) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND in by the c. CITY OR/TOWN (If autside corparate limits, write PURAL and give nearest tawn) b ETTYOR TOWN (If outside corporate limits, E. LENGTH OF STAY IN 1b. directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers <u>-</u> shauld be filed with the State Dept. of Health prior ta burial, crematian, ar remaval, and in any event, within 72,KG e IS RESIDENCE ON A FARM? d STREET ADDRESS filled NO 🔀 NAME OF Middle DATE Year campletely DECEASED (Type or print) DEATH SEX 9 AGE (In years IF UNDER YEAR IF JNDER 24 HRS 6 COLOR OR ast birthday) Months Days Haurs WIDOWED X DIVORCED and 10b. KIND OF BUSINESS OR (Cauphy's State, or foreign country) 12, CITIZEN OF WHAT INDUSTRY physician PATHER'S NAME MOTHER'S MAIDEN MAME attending phy permit. Then 16 SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give war or dotes of service 1B. CAUSE OF DEATH (Enter only one cause per une for (a), (b), apd (c).) ONSET AND DE PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician DUE TO Conditions, if any, which gove rise to immediate cause (o), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been 19 WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) · C. O. D. NO TO HOSPITAL OR ATTENDING PHYSICIAN: CERTIF (20a ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 1 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e. PLACE OF NJURY (Hame, farm (City or town) ((county) (State) 20c T.ME OF INJURY Month, Day, Year factory, street, office blda.. etc.) Hour 'a m. Nat While at wark 21. I certify that (1) (this haspital) attended the deceased from 19 67, and that death accurred at 2.20 M, from causes and an the date stated above. saw the deceased alive and Dec 22a. SIGNATURE DATE SIGNED **ATTENDING** STAFF M.D DIRECTOR 22c PHYSICIAN'S 22d ADDRESS NAME (Type) 23d LOCATION (City or Town NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b DATE THEREOF 2Sb REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 25M 1/67



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cecute the Page 4 far your 9R:Page 31, crema		21. I certify that I taak charge of the remains described above, he	Water A And an Autopsy (x), Inspection (), Inquiry	ond in my opinion
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Mits of the state		ACTUAL \$ July 7 Wilson	M D ASSISTANT MEDICAL EXAM NER	22. DATE SIGNED
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TO DEPUT necessary, the funer 5 may be 70 FUNERA	230	NAME (Type) Edward F. Wilson, M.D. SCRIAL, (REMATION 23b DATE HEREOF 23c NAME OF CEMETERY OR 12/13/61 BALTIMORE	LE	(County) (Stote)
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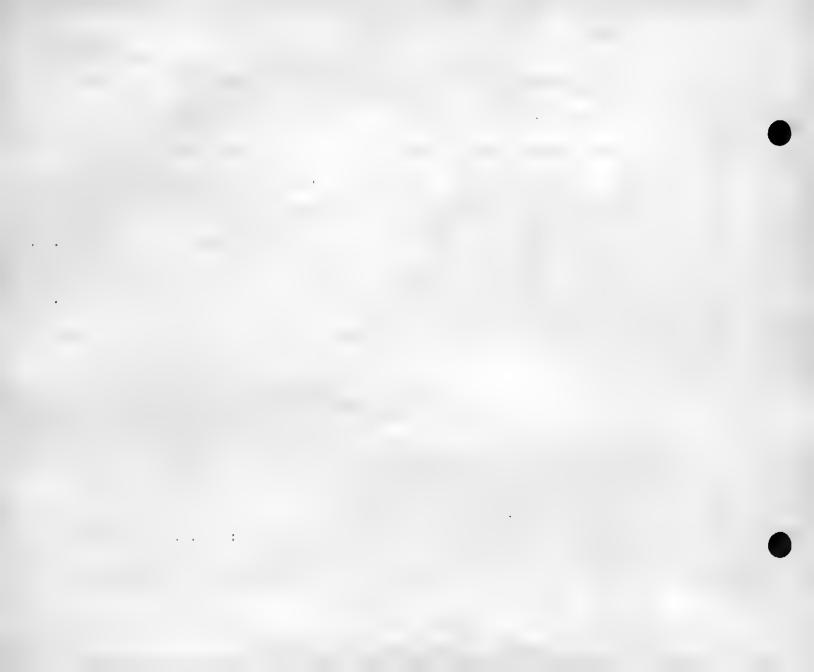


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16416 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10405 FOR STATE 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) h COUNTY o COUNTY D. STATE Poge Maryland Anne Arundel MARYLAND Anne Arundel delay ond 3 M3. Poc b CITY OR TOWN (If autside carparate limits, c CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 write RURAL and give nearest town) Life Annapolis d STREET ADDRESS ON A FARMS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) form D.O.A.Anne Arundel General Hospital 9 Monument Street This certificate should be executed within 24 hours ofter death 3 NAME OF Midd e Frst 4 DATE Month Dov Year LOST DECEASED ⋛ lond 2 with the n Item 18. Give 19 67 Dec. SYNEVERS DEATH (Type or print) KERNELL plong 9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED July 4,1910 los 50 thdoy) Months hours ofter deoth. Male Negro WIDOWED DIVORCED 105 KIND OF THE BOR 11 BIRTHPLACE (State or foreign country) 10b JSUAL OF CUPATION (Give kind of work done 12 C TIZEN OF WHAT COUNTRY? dunetifet to se Naval Academy Hitshirmens Annapolis, Maryland U.S.A. the Chief Medical Examiners 14 MOTHER'S MAIDEN NAME in pencil 13 FATHER'S NAME Stevens Lela MMN Porter 티 George NMN 16 SOCIAL SECURITY NO 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? Address ony event within 72 (Yes no, or unknown) (I yes give wor or dates of service) Agnes J. Stevens 9 Monument St. Anna. Md. 214-05-1870 18. CAUSE OF DEATH (Enter only one couse per line-for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) weden certificate, writing the word DUE TO Conditions, if ony, which gove rise to immediate couse (a), forwarded to .⊑ DUE TO stating the underlying couse PART | OTHER SIGNIFICANT CONDITIONS CONTRIBLENG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (O) 19 WAS AUTOPSY removal, CERTIFICATION PERFORMED? 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of inury in Port or Port 1 of Item 18) 3 should PR MARY Or CONTRIBUTING 10 CAUSE OF DEATH cremation, MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c TIME OF INJURY Month, Dov. Year Not While Hour o.m foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page Inspection 4 Inquiry [1] and in my opinian 21. I certify that taok coarge of the remains described above, held an Autopsy Undetermined manner Accident Suicide 🗍 death resulted from Hamicide causes be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIG NATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 12-23-67 E.G. LINHARDT Hea'th NAME (Type) Address (Street, city, town, or county) 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 230 BIR AL CREMATION. 0 BIN REMOVAL (Spec fy) Dec. 26-67 Annapolis, Maryland St. Mary's 256 REGISTRARS SIGNATURE 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR VR ATSME (C.E. Hicks 111 Annapolis, Md. 1968 6M 1/67 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

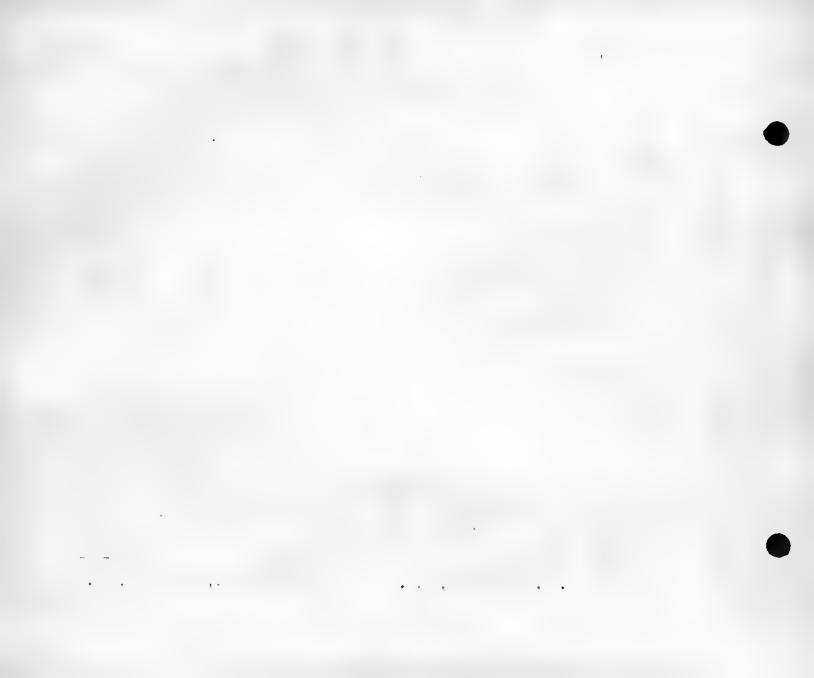


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16415 CERTIFICATE OF DEATH 16406 requires that the death certificate be executed within 24 hours aft a death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Annapolis Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? Anne Arundel General Hospital 14 Severn Avenue YES NO X NAME OF Lost 4 DATE Month Dov Year DECEASED Mary Jones Louise TARR (Type or print) 2 December 9 DEATH S SEX 6. COLOR OR RACE 7 MARRIED B. DATE OF BIRTH 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** last purthdoy) WIDOWED IK DIVORCED White October 9, 1881 Female 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CIT ZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even (bettred) INDUSTRY COUNTRY? Maryland U. S. MOMEWI 13. FATHER & NAME MOTHER'S MAIDEN NAME signed by the attending physical buriol-fronsit permit. Then ple burial, cremation, or removol, WAS DECEASED EVER IN VS ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, go, er unknown) (If yes give wor or dates of service) 1B. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) the hospital or offending physician. **DUE TO** Conditions, if any, which gave a use to immediate couse (a). DUE TO os the stoting the underlying couse certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY FICATION PERFORMED? be detoched for use State Dept, of Health 3 NO F 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of Item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year Hour am 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) foctory, street, office bldg, etc.) FUNBRAL DIRECTOR: After at work at work 21. 1 certify that (1) (this haspital) attended the deceased from 12/21, 1967, that (1) (we) last 1967, and that death accurred at saw the deceased alive an M, from couses and on the date stated above 220 SIGNATURE 22b DATE SIGNED M.D DIRECTOR PHYS director, page Should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) C Marrien 23o BURIAL CREMATION 23b DATE THEREOI LOCATION (City or Town) (County) 25m REGIS 25b - REGISTRAR 5°S GNATURE DATE

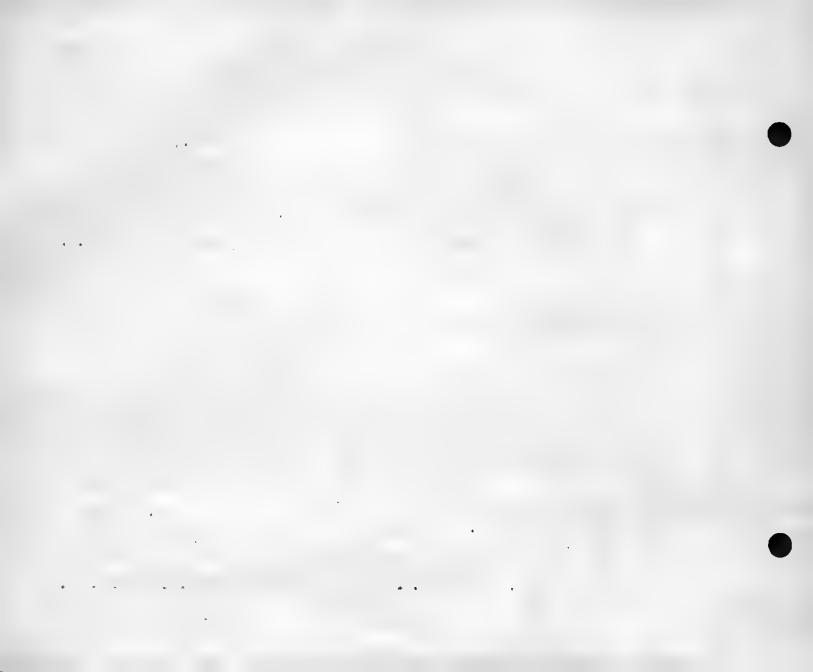


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16416 CERTIFICATE OF DEATH The law requires that the deoth certificate be executed within 24 hours after deoth. I. PLACE OF DEATH 2 USUAL RESIDENCE (Where/deceosed lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND CHY OR TOWN (If outside corporate limits r LENGTH OF STAY IN 16 c. SATY DR TOWN (If outside corporate limits, white RURAL and give nearest town) INSTRUCTION (If not in hospital, give street address) e IS RES DENC burial, cremotion, or removol, ond in any event, within 72 h ON A FARM? YES NO NAME OF Middle Year DECEASED OF DEATH Type or print 6 COLOR OR RAC 9 AGE (In years IF UNDER T MARRIED **NEVER MARRIED** Hours WIDOWED DIVORCED pup USUAL OCCUPATION (G ve kipd of work done 10b. KIND OF BUSINESS OR Vinty & State, or foreign country) physician a INDUSTRY **EATHER S NAME** MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY-ONSET AND DEATH IMMEDIATE CAUSE (a) Acute Coronary Thrombosis due to Arteriosclerotic Poge 4 may be retoined by the hospital or attending physician. Conditions, if any, which gave 1 year (b) Hypertensive Cardio Vascular Disease rise to immediate couse (a), DUE TO stoting the underlying couse certificate hos been 19 WAS AUTOPS'
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO T 20p ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) (Stote) FUNERAL DIRECTOR: After this Hour p.m. foctory, street, office bldg., etc.) Not While at work of work 21. I certify that (I) (this haspital) attended the deceased from November, 1967, to Dec. 10, 1967, that (I) (we) last saw the deceased olive an Dec. 10 1967, and that death occurred at 2:30MM, from causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE STAFF 12-12-67 M.D. DIRECTOR PHYS 22d, ADDRESS 22c. PHYSICIAN 110 Clay St., Annapolis, Md., 21401 L. Richardson, M.D. 230 BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d 20CAZION (City or Town) _ 2 25b. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR REC'D BY REGISTRAN VR A15 (4) II5M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16413 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY Maryland b. COUNTY Anne Arundel Anne Arundel MARVIAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Life Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RES DENCI ON A FARMS d STREET ADDRESS 4 Bricin St., Anne Arundel General Hospital NO DO YES NAME OF FIEST Middle 4 DATE Lost Month **Уеог** and completely DECEASED (Type or pnnt) TROTT December 67 Wesley Alvin 10 DEATH 6 COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED DOX NEVER MARRIED B. DATE OF BIRTH remove birthdoy) Months Dovs Hours White ond in ony Mal e WIDOWED DIVORCED July 4, 1926 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Store, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY the offending physicion sit permit. Then pleose Construction Anne Arudel, Maryland Plasterer 13. EATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unknown) (If yes give wor at dates of service cremation, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN burial-tromsit burial, cremati ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gove (b) nse to immediate cause (a), DUE TO stating the underlying couse d for use os the lost. has PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART WAS AUTOP PERFORMED? NO YES certificate 20o. ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of Item IB) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) O FUNERAL DIRECTOR: After this (County) (State) Hour a.m. foctory, street, office bldg , etc.) Not While ot wark 21. I certify that (1) MACONOMIA) attended the deceased from Dec. 5. 19 67 that (1) PGS) last 19.67, and Mat death Accurred at saw the deceased alive an Dec. 5. M, fram causes and on the date stated above 12:10 AM 220. SIGNASUK DATE SIGNED MD. DIRECTOR PHYS director, poge Should be filed 22d ADDRESS 22c. PHYSICIAN S NAME (Type) 1407 Forest Drive, Annapolis, Md. Verkous, M.D. 23b DATE THEREOF (State) 250 RFC'D BY REGISTRAR

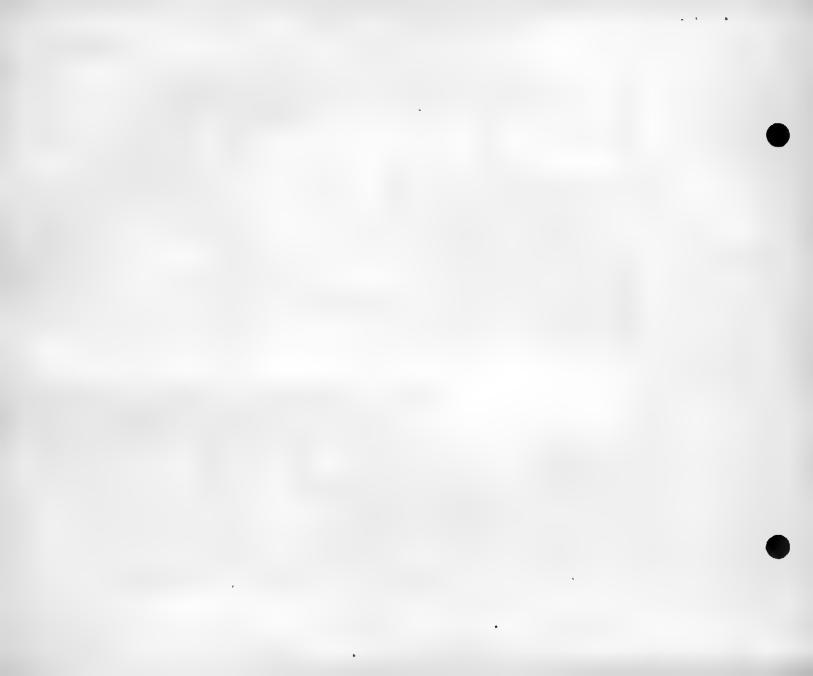


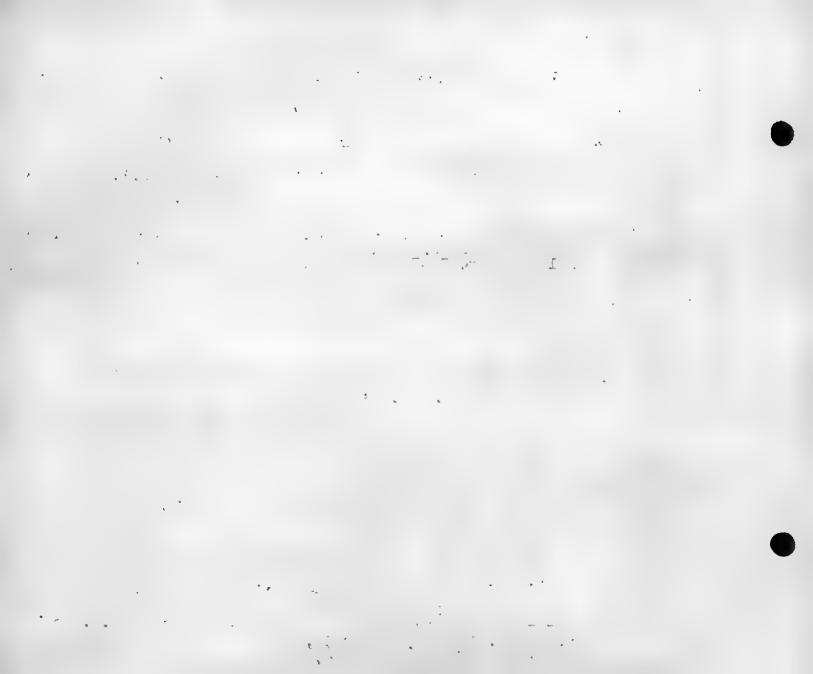
,	MARYLAND STATE DEPARTMENT OF HEALTH
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	16419 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH (DEPAR.)	1 PLACE OF DEATH O COUNTY 2 USUAL RESIDENCE Where Deceased 1 ved, if institution Residence before admission) b COUNTY
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Kecut Pog for y DR: Po	21. I certify that I taak charge of the remains described above, held on Autops (), Inspect on), Inquiry and in my opin or
se extor ined ECTC	death resulted from Natural causes, Accident, Su'cide, Hamicide, Undetermined manner
plea plean retain L DIR	
SSON, funer on be NERA	EXAMINER'S NAME . Type, F. LIN BYROLT Address (Street, cty, town or county) 12/11/67
TO DE S me for Full Health	230 BUR AL CRENATION, 236 DATE THEREOF 236 NAME OF CEMETERY OR GREMATORY 230 DEAT ON ICLY OF TOWN) ASSUMPTION OF THE PROPERTY OF GREMATORY 230 DEAT ON ICLY OF TOWN) ASSUMPTION OF THE PROPERTY OF GREMATORY
_ ()	24, FULFRAL DIPLOTOR ROOM HOUSE SS
	DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If any decay is recessary, please execute the certificate, writing the ward 'pending' in pend in liem. 18. Give Pages 1, 2, and 3 to e funeral arrector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form. 2M3 Page may be retained for your files. FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land 2 with the State Department of the prior to burio, cremation, or removal, and in any event within 72 hours offer death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16419 CERTIFICATE OF DEATH 16410

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<u></u>	3	NAME OF First Middle Lost 4. DATE Month Doy Year OF
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OR: A the state of		saw the deceased alive an 12/2 1967, and that death occurred at 6 29M, from causes and an the date stated above
OR A De reft HRECT B 3 sh ed with		220 SIGNATURE PAYS M. Ways M.D ATTENDING MED. STAFF 226. DATE SIGNED 12/2/67
TO HOSPITAL Page 4 may (O FUNERAL D director, page of the shall be filled		22c. PHYSICIAN'S NAME (Type) GARRETT M. MAKS MD. CROWNSVILLE STATE HOSP, Md.
Page 4 m O FUNER, director, shauld b	230	BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
Proge direct		REMOVAL (Specify) 5 Dec. 67 Glen Haven emorial Glen Burnie, Laryland
		FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR S SIGNATURE
VR A15 (4) (7) 25M 1/67		Kirkley Funeral Home, Glen Purnie, Md. DANOEC 5 1987 Charles Judge





7		MAKTLAND STATE DEPARTMENT OF HEALTH	
		16421 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #13 & 14 FEBTILIFATE 612/67/ph	1 / 4 0
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PH he h this effac	MEDICAL CERTIFICATION	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20d P.ACE OF INJURY (Home, form, Hours, a.m.) Nor While of work	(County) (Stote)
ING by the frer be d		p.m. 1000 190 otwork of work 1 14000, Ferritory	30/ O that (I) () last
ATTENDING etoined by th CTOR: After t should be d			1967, that (I) (we) lost an the date stated obove.
ATT ATT		22o. SIGNATURE/ 22	b. DATE SIGNED
OR be r		M.D. PHYS DIRECTOR PHYS	12/19/67
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been a director, page 3 should be detached for use as the I should be filed with the State Dept. of Health prior to be a should be filed with the State Dept.		22c. PHYSICIANS NAME (Type) MAX C FRANK NO 22d. ADDRESS JE Rifelie Hay-	Cker Brenie My
HOSPI age 4 n FUNER FUNER hould to	230	BUR AL, CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
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25M 1/67	1	CFH. V37 Jolajse pulgy 12 VS DATE UEC 22 1967 JCC	carries ynoge

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16	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANI	0
1	मं क्षाया		16422 CERTIFICATE OF DEATH	,
•	24 hours after death. filled in by the juneral aper. Pages differ and a filled in 12 hours after death.		1. PLACE DF DEATH a. COUNTY	admission)
	the the		MARYLAND MARYLAND MARTILAND FT. FT.	
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		A	221 SHENANDOAH AVENUE 221 SHENANDOAH AVE.	A FARM?
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	comple ve car	~	(Type or print) ROBERT JAMES WHEELER DEC. 13, 1	967
	law requires that the death certificate be executed within 2 ttending physician. Has been signed by the attending physician and completely file as the burial-transit permit. Then please remove carbon paprior to burial, cremation, or removal, and in any event, within		MALE COLORED WINDOWED TO DIVORCEO 10-8-1879	
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	PHYSICIAN: the hospital this certific detached for		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	PHYSI the ho this detack	6	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, lambda at work at work at work at work 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, lambda at work at work 20d. INJURY (Home, farm, lambda at work at work 20d. INJURY (Home, farm, lambda at work at work 20d. INJURY (Home, farm, lambda at work 20d.	(State)
	After d be d	1	p.m. 19 While at work Not While at work No	
		-	21. I certify that (I) (this hospital) attended the deceased from	(we) last
	rets FCT0 3 sh	- 1	saw the deceased alive on	ed above.
	AL OR		M.D. ATTENDING MEO. STAFF 15 LOUG	7
	E E E	1	PHYSICIAN'S NAME (Type) RENOLD B. LIGHSTON, M. D. 22d ADDRESS THERRY HILL RD., BALTO., MD.	-
	TO HOSPITA Page 4 m TO FUNERA director, should be	Ž	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL (Specify) 12-16-67 MT. CALVARY BALTIMORE, MARYLAND	(State)
	the		ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE	
	20 (4) 20 (4) 1/65		Charles f. Saw 802 MADISON AVE. DATE DEC 20 1967 yourseles your	PA
	_			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16423 CERTIFICATE OF DEATH 16414 requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. COUNTY b. COUNTY o. STATE MARYLAND Anne Arundel TOWN (If outside corparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) wite RURAL and give negrest town) Severna Park d NAME OF HOSPITAL OR INVITITUTION (If not an hospital-give street oddress) d STREET ADDRESS e is residence on a farm? Jones YES NO 3 NAME OF remove carban DATE Doy Year completely DECEASED (Type or print) OF DEATH S SEX 9 AGE (In years IF UNDER IF UNDER 24 HR NEVER MARRIED OATE OF BIRZH lost birthdoy) Months Doys WIDOWY OLVORCED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, everall retired INDUSTRY cremation, or removol. ottending physpermit. Then p 16. SOCIAL SECURITY NO 17 INFORMANT IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) wher inis certificate has been signed by the be detached for use as the burial-transit State Dept. of Health prior to burial, cremat PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO Conditions, if any, which gave 3 rise to Immediate couse (a). DUE TO stoting the underlying couse lost PART H OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? NO F 20a ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF NUJRY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) O FUNERAL DIRECTOR: After this Hour to m. Not While factory, street, office bldg., etc.) of work 21. I certify that (1) (thus hospital) attended the deceased fram. 196 7, that (1) (-web last and that death accurred at 25PM, from causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 226 DATE/SIGNED **ATTENDING** , page 3 be filed M.D **OIRECTOR** 22c PHYSICIANUS NAME (Type) director, 230 BURIAL, CREMATION, 23b DATE THEREOF 23d. LOCATION (City or Town REMOVAL (Specify) 24 FUNERAL DIRECTOR VR A15 (III)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16424 CERTIFICATE OF DEATH 13415 requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH d. COUNTY Anne Arundel b. COUNTY Anne Arundel a. STATE Maryland MARYLAND b CITY OR TOWN (If autside carparate imits, write RJRAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give negrest tawn) the attending physician and completely filled in byth isit permit. Then please remove carban papers. Pag 10 hours Pasadena, Md. Glen Burnie
d NAME OF HOSPITAL OR INSTITUT ON (If not in haspitor, give street address) d STREET ADDRESS Forest Dr. e IS RESIDENCE ON A FARM? Box 524 Rt.10 North Arundel Hospital NO-T YES Middle 4. DATE First Łast Manth Day Year DECEASED Mildred White 12 21 67 19 (Type ar print) DEATH IF JNDER 24 HRS 5 SEX 6 COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED lost birthday) Manths Days Hours White Female WIDOWED X 6-26-09 DIVORCED 10a USJAL OCCUPATION (G ve kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? Housewife Frederick. Paryland Own Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending physi burial-transit permit. Then pl burial, cremation, or remaval, Unknown William Anderson IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, na, ar unknawn) (If yes give war ar dates af service Irs. Gladys Royens. Pasadena, Paryland INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per PART I DEATH WAS CAUSED BY ine (et (a), (b), and (c).) ONSET AND DEATH 25 - 276 IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave (b) rise ta immediate cause (a), **DUE TO** stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been age 3 shauld be detached far use as the filed with the State Dept. of Heolth prior ta 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION NO PO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice bldg., etc.) Nat While at work at wark 21 I certify that (I) (this haspital) attended the deceased fram 12-21 1967 to 12-21 . 1967, that (1) (we) last TO HOSPITAL OR ATTEND Page 4 may be retained spw the deceased alive an 12-21 19 67, and that death accurred at 10:10, farm causes and an the date stated above. 22g ESIGNATURE 22b /DATE SIGNED ATTENDING MED DIRECTOR STAFF M.D. terents -22d. ADDRESS 22c PRYSICIANS NAME (Type) Alejandro Montoya. M. D. 707 Old Annapolis Rd., G.B. 21061 director, p 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23a. BURIAL CREMATION. REMOVAL (Specify) Glen Purnie, .d. 23 Dec.67 Glen Haven femorial our la 256 REGISTRAR'S, SIGNATURE 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Kirkley's Fuxneral Home, GlenBurnie



		1	MARYLAND STATE DEPARTMENT OF HEALTH
2	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
			16425 CERTIFICATE OF DEATH 16416
	E 01 5		ECEASED-NAME First Middle 25 HOUR
) (I	Type or print) Vielenna (1.1.1.201 Mgnth 2-002-1967
	we after death.	3 \$1	TAME 4 RACE OF BEACH S DATE OF BEACH S DATE OF BEACH STATE OF BEACH STATE OF STATE OF BEACH STATE OF S
	24 haurs d in-thy pers Po 72-haurs	7a.	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED WHAT COUNTRY?
	n 24	10,4	TO OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital OCCUPATION (Kind of work done 12b Kind OF BUSINESS OR
	·····································		Mapoles give street addies; alleneral during more dring the, even if retired) INDUSTRY
	and completely filled in temove carban papers in any event, within 72th	13a adm	USUAL RES DENKE (Wither deceased lived, if institution Residence before 13 CITY OR TOWN 136 INS DE CITY MITS? 136 STREET AND NUMBER (136 INS DE CITY MITS?) 136 STREET AND NUMBER (136 INS DE CITY MITS?) 136 STREET AND NUMBER (136 INS DE CITY MITS?) 136 STREET AND NUMBER (136 INS DE CITY MITS?) 136 STREET AND NUMBER (137 INS DE CITY MITS?) 136 STREET AND NUMBER (138 INS DE CITY MITS?) 136 STREET AND NUMBER (138 INS DE CITY MITS?) 136 STREET AND NUMBER (138 INS DE CITY MITS?) 136 STREET AND NUMBER (138 INS DE CITY MITS?) 137 INS DECEMBER (138 INS DE CITY MITS?) 138 STREET AND NUMBER (138 INS DE CITY MITS MITS MITS MITS MITS MITS MITS MITS
	The law requires that the death certificate be executed within 24 haurs after death attending physician. Has been signed by the attending physician and completely filled in the funeral se as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 th priar to burial, crematian, ar remaval, and in any event, within 72 mours after death.	14	FATHER'S NAME First Widdle Wilson IS MOTHER'S MAIDEN NAME First Middle Last
	iificate hysician n pleas ral, and		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na, of unknown) (If yes give wor or doles of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT Magail Foole to 2 South of
	that the death certifi an. by the attending phy transit permit. Then l crematian, ar remaval	Г	18 CAUSE OF DEATH (Enter only one cause per line fgry(a), (b), and /(c).) APPACKHATE INTERVAL BETWEEN OWSET AND DEATH
	eath endir nit. ar re		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Eincline Carlot
	afte afte perm ian,		DUE TO, OR AS A CONSEQUENCE OF
	at the the nsit purchase		Conditions, if any, which gave to the course (a).
	equires that the physician. signed by the burial-transit burial, cremat		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	physicic signed burial-ti burial, c		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	req o plant signatura o plant		
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. at Health priar to burial, cre	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?
	AN: The all ar ath icate ha far use Health p		21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of njury in Part 1 ar Part 2, Item 1B.)
	ital pital diffice of for	MEDICAL	Gricontributing Cause of obeth. HOUR A.M. Manth Day Year Iff either, natify medical examiner) P.M. 19
	JING PHYSICIAN: by the haspital at ther this certificate be detached far n State Dept. at Heal	ME	21d INFURY OCCURRED While Nat while of Wark of House State Building, Etc. 21e. PLACE OF INJURY (AT HOME SARM, STREET, SACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State
	by the free free free free free free free fr	ш	220 Legitive that (1) (this hasnital) attended the deceased from 19 to 12 19 that (1) (we) la
	OR ATTENDING be retained by th NRECTOR: After t e 3 shauld be de ed with the State		sow the deceased alive an, and that in (my) (our) apinion death occurred on the date and haur and from the couses stated obave, (I) (we) (did) (did not) view the body after death.
	R ATTENE retained reCTOR: A 3 shauld with the	L	226 SIGNATURE 22c. DATE SIGNED
	OR DE P	ш	DEGREE PHYS DIRECTOR PHYS. / Z - C + /
	O HOSPITAL OR Page 4 may be 10 FUNERAL DIRE director, page 3 director, pag		22d. PHYSICIAN'S NAME (Type) A + A LCFY 22e. ADDRESS CALLACTED
	Hos Bergard	230	BURIAL, CREMATION, 236 DATE 23c NAME OF CEMETERY OF CREMATORY 23d (QUATION (City or Town) (County) (Stople)
	5 5 5 4 A		000000101010100000000000000000000000000
	VR A15 A07 30M REV 1758	24.	TUNERAL DIRECTOR 250. REC'D BY REGISTRAR S. SIGNATURE DATE DATE TO BE THE STRAKE S. SIGNATURE DATE TO BE THE STRAKE S. SIGNATURE TO STRAKE S. SIGNATURE



CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If Institution: Residence before edmission) COUNTY e. STATE b. COUNTY Anne ARundel MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) 12 yrs. Washington, D. C. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Children's Center Hospital 233- 12th Place. YES NO . 3. NAME OF Middle DECEASED OF (Type of print) John DEATH Winebrenner December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER I YEAR last birthday) Months Male WIDOWED [DIVORCED [10a. USUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Institutionalized Washington, D. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John P. Winebrenner Annie Mae Winebrenner 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) [If yes give wer or detes of service] No Children's Center Hospital, Laurel 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] ONSET AND DEATH ASPIRATION PART I. DEATH WAS CAUSED BY: fMMEDIATE CAUSE (e) MENTAL RETARDATION Conditions, if any, which gove rise to immediate gouse **DUE TO** (a), stating the underlying ceuse fest. PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? (720b. DESCRIBE HOW INJURY OCCURED. (Enter neture of in city in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, ferm, (County) Month, Dey, Yeer 20d. INJURY OCCURRED 20f. (City or town) (State) factory, street, office bldg., etc.) Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from...February...4., 1955, to.December...1, 19.67 that (I) (we) last saw the deceased alive on... NO.VEM.LOT. 30.19, 67., and that death occured at 10... 00 also the causes and on the date stated above. ATTENDING SIGNED DIRECTOR 22d. ADDRESS NAME (Type Children's Center Hospital, Laurel, Md. 23e, BURIAL, CREMATION, 23b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county D. g. a 25e REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301

W. PRESTON STREET, BALTIMORE 1, MARYLAND



1	MARYLAND STATE DEPARTMENT OF HEALTH QUIVE ON OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
로 등2로	16427 CERTIFICATE OF DEATH
hours after death. In by the funeral R Piges 1 and 2 Roups after death.	1. PLACE OF DEATH a. COUNTY Anne Arundel Anne Arundel 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission, b. COUNTY a. STATE b. COUNTY Anne Arundel Annerundel
s afti	D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
mod (See)	Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. Is RESIDENCE
25 Page 2	Rtc. 2, Box 451, Point Pleasant Rtc. 2, Box 451, Point Pleasant ves Note
uted within completely ove carbon (3. NAME OF BECEASED First Middle Last 4. DATE Month Day Year OF
omple car /ent,	(Type or print) Charles N. Northington Death December 8, 1967
executed within and completely remove carbon 1 any event, with	last birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 111. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
The law requires that the death certificate be e or attending physician. Cate has been signed by the attending physician r use as the burial transit permit. Then please realth prior to burial, cremation, or removal, and in	Carpenter Retired Howard County, M. USA
ficator phy en pl	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
certifica nding ph Then remova	Joseph E. Worthington Unknown 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
death certific he attending I permit. Then tion, or remov	(Yes, no, or unkown) (Ifyesgive war or dates of service)
e de the t pe	no 217-01-1999 Frs. Harry Christopher, same as 2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
that the dea' ysician. gred by the a' ial-transit per- ial, cremation.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congention Heart faulture ONSET AND BEATH
aw requires that the tending physician. tas been signed by as the burial-transiprior to burial, orem	443× DUE TO 11 -1 - C
uires ti g physi en sign burial	gave rise to Immediate (b)
aw requir tending p nas been as the bu prior to bu	cause (a), stating the underlying cause last. (c) Senerally arthur selection.
he law or atten te has use as uth pric	
The icate or us	YES NO
PHYSICIAN: The Ithe Nospital or all this certificate Ithicate detached for use bept. of Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ATTENDING PHYSICIAM: retained by the hospital CTOR. After this certification in the state Dept. of Hybrith State Dept.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 work 20f. (City or town) 4 work 20f. (City
NDIN ned t: Af uld I	21. I certify that (I) (this hospital) attended the deceased from 4/4/64, 19 to /4/7, 1967, that (I) (we) last
ATTENDI retained CTOR: A Should vith the S	saw the deceased alive on 12 9 1967, and that death occurred at 3/5/4M, from the causes and on the date stated above
OR John Seed w	Phillism S. Throw M.D. ATTENDING MED. STAFF DIRECTOR PHYS.
TAL may AL pa	22c. PHYSICIAN'S ABBE CIUDO ADDRESS
O HOSPITAL Page 4 may O FUNERAL director, pag should be file	G. S. Linsao, M. D. 7308 Furnace Dranch Rd., Glen Purnie, Ma.
Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
OK	Purial 11 Dec. 67 Glen Haven Memorial Glen Burnic Grayland 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	Kirkley Funeral Home, Glen Jurnic, Md. DATE DEC 12 1967 Charles Judge
13IVI 40-4 V	

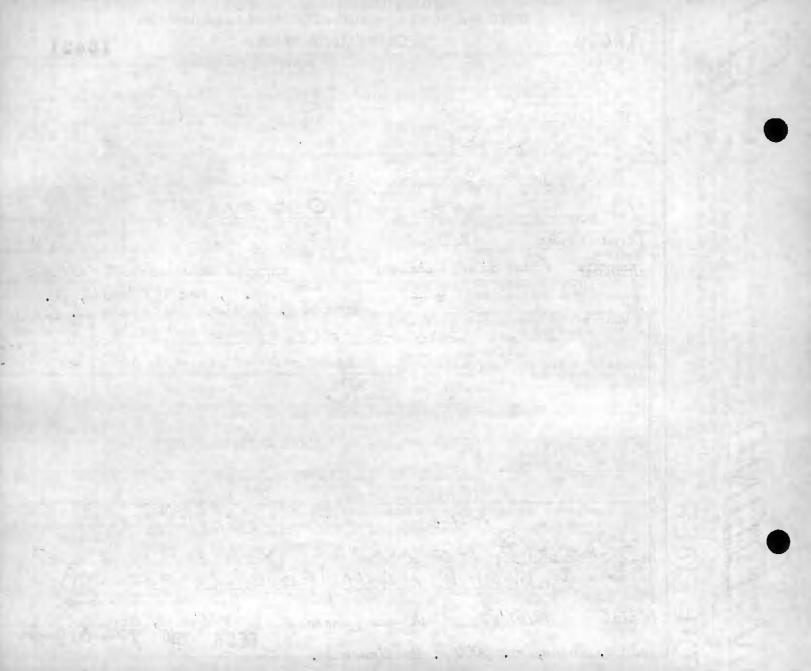




DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAN CERTIFICATE OF DEATH	
	10420
1 PLACE OF DEATH o. COUNTY 2 USUAL RESIDENCE (Where deceased live	b. COUNTY
Anne Arunde MARYLAND Maryland b CITY OR TOWN (If autside corporate imits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carporate limits)	
write RURAL and give nearest tawn) Annapol is d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS	e IS RES DENCE ON A FARM?
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Anne Arundel General Hospital 162 O'Bery C	ourt YES NO
3 NAME OF DECEASED (Type or print) S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH S SEX WIDOWED DIVORCED LABRUARY 20 1920 47	Manth Day Year December 25 19 67
S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE Jost Male Negro WIDOWED DIVORCED Jamuary 20, 1920 47	(n years IF UNDER 1 YEAR IF UNDER 24 HRS burthday) Months Days Hours Min.
100 KIND Of RUSINESS OR 110 BIRTHPLACE (County & State or foreign of Mary land 100 KIND Of RUSINESS OR 111 BIRTHPLACE (County & State or foreign or Mary land Mary land	country) 12 CIT ZEN OF WHAT COUNTRY?
13 FAHER'S MAINE 14 MOTHER'S MAINE 14 MOTHER'S MAINE 14 MOTHER'S MAINE 14 MOTHER'S MAINE	alman
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PART I. DEATH WAS CAUSED BY.	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove prise to immediate cause (a), DUE TO Conditions of constant of c	new
stoting the underlying cause lost.	
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN F	PART I(a) 19 WAS ACTOPSY PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING CORRED (Enter noture of injury in Part 1 or Port 11 of OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM.NER) 200 TIME OF INJURY Month, Day, Year 200 INJURY OCCURRED 200 PLACE OF INJURY (Home, form 201 (City	item 18)
20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM.NER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 11 of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM.NER) 20c TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19 While at work of twork of two	y ar town) (County) (State)
p.m 19 at work at work 21. I certify that (I) (this haspital) attended the deceased fram 1967, and that death accurred at 2:30 M frag	n causes and an the date stated abave
saw the deceased alive on 2 DEC 1967, and that death accurred at 2:30 M from the same of t	STAFF 22b. DATE SIGNED STAFF /2 - 2 - 6 - 6
22c PHYSICIANS 22d ADDRESS NAME (Type)	
22c PHYSICIAN S NAME (Type) 230 BHRIAL (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 12/2/// June 1/2/2/// June 1/2/2//// June 1/2/2/// June 1/2/2//// June 1/2/2//// June 1/2/2/////	N (City on Town) (Synty) (Style)
24. AUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16430 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY o. STATE 5. COUNTY MARYLAND b. CITY OR TOWN (If autside carparote limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) popers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO [3. NAME OF Middle DATE Menth Day Year carbo rampletely DECEASED OF Type or print) DEATH 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH IF UNDER I YEAR NEVER MARRIED AGE (In years IF UNDER 24 HRS last birthday) Manths Haurs and in any WIDOWED DIVORCED and 10c. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Retired COUNTRY? 13. FATHER'S NAME icate has been signed by the attending physi for use as the burial-transit permit. Then pl Health priar ta burial, crematian, ar remaval, 14. MOTHER'S MAIDEN NAME Frans Tisak Ynttimaa Hedvik Serafi Yrttimaa 1. Box 49 Arnold, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) (If yes give war or dotes of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). ANTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) attending physician. DUE TO Conditions, if ony, which gave rise ta immediate couse (a), DUE TO stating the underlying cause this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO ATTENDING PHYSICIAN: 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) by the haspital detached for the details of the deta OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c, TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour 'a.m. Not While factory, street, affice blda., etc.) at work O FUNERAL DIRECTOR: After of work 21. I certify that (1) (this hospital) attended the deceased from 1960 >7. ta 19___, that (I) (we) last be retained saw the deceased alive on -6719-_, and that deoth accurred at 10 AM; fram causes and on the date stoted above 22a. SIGNATURE 22b. DATE SIGNED PHYS DIRECTOR PHYS. 22d 22c. PHYSICIAN'S ADDRESS NAME (Type) director, 23a. BURIAL, CREMATION, 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) 6 Buria 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Monan. Inc.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16431 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY O. STATE b COUNTY c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits will d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give-street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS 3. NAME OF Middle DATE Year DECEASED OF 12 196 16 (Type or print) DEATH DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX AGE (In years 7 MARRIED NEVER MARRIED last birthday) Months Dovs cremation, or removal, and in any WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY 2 INDUSTRY Handyman MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) (If yes give war or dates at service) 16. SOCIAL SECURITY NO 17. INFORMANT 212-10-2386 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit p burial, crematic ONSET AND DEATH PART I. DEATH WAS CAUSED BY CORONA IMMEDIATE CAUSE (o) **ID HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 moy be retained by the hospital or ottending physicion. DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse os the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) be detached for use State Dept. of Health NO FUNERAL DIRECTOR: After this certificate 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Doy, Year Haur a.m. factory, street, office bldg., etc.) Not White of wark 1962 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 12/15 1807 10 12/16 15 1967, and that death accurred at 9/34M, from causes and an the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22g. SIGNATURE **ATTENDING** M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICHAN director, po-NAME (Type) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATOR' 23d. LOCATION (City or Town) (County) 23a. BURIAL CREMATION REMOVAL (Specify) 9 25g. REC'D BY REGISTRAR MUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 DATE DEC

